

User Account Administrator (UAA) Agreement

Please print clearly

Section 1: User Account Administrator Information *(all information is required)*

1. FACILITY ID NUMBER:	2. FACILITY NAME:
3. NAME (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):	
4. POSITION (TITLE):	5. SUPERVISOR NAME:
6. BUSINESS ADDRESS (MAILING ADDRESS):	
7. BUSINESS PHONE:	8. BUSINESS FAX:
9. EMAIL ADDRESS:	
10. AUTHENTICATION WORDS: <i>Remember these words. You may be asked to identify yourself with this information if you call to reset your password.</i>	
a. <i>Name of high school/college you attended:</i>	b. <i>Your city of birth:</i>
<p>I understand that as an appointed User Account Administrator on behalf of the facility, I have the responsibility to:</p> <ol style="list-style-type: none"> 1. Create/add and deactivate user accounts for other users on behalf of my facility. Creating a user account includes granting access roles for an individual to read, submit and/or correct my facility's confidential data. Removing granted access roles and/or inactivating user accounts revokes this access. 2. Modify the information for my facility's Primary, Secondary and Administrator Contacts. This notifies HCAI of any changes in name, mailing address, phone number, and email address for each contact. Modifying user account contact information directly changes the information on the HCAI database. 3. Change passwords for users within my facility. In the event that a user misplaces or forgets their password, they will be directed to contact their User Account Administrator to have it reset. The User Account Administrator should authenticate the user prior to resetting the password and issuing a new password. 4. Reactivate inactive accounts. NOTE: After 270 consecutive days (9 months) of inactivity, user accounts may be deactivated. <p>By signing this document I acknowledge reading, understanding, and agreeing to its contents.</p>	
11. USER ACCOUNT ADMINISTRATOR SIGNATURE:	12. DATE:

Section 2: Facility Administrator* Approval **The person in charge of the day-to-day operation of the facility (CEO or equivalent).*

13. FACILITY ADMINISTRATOR NAME <i>(please print):</i>	14. FACILITY ADMINISTRATOR SIGNATURE:
15. DATE:	16. PHONE NUMBER:

The completed form shall be sent to HCAI for each User Account Administrator needing UAA access. **Fax to: (916) 327-1262**

Section 3: For HCAI use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

User Account Administrator (UAA) Agreement Instructions

Make a copy of the completed form for your records.

SECTION 1: User Account Administrator Information *(All fields must be completed)* -- **To be completed by the prospective User Account Administrator.**

1. Facility ID Number: Provide your HCAI assigned six digit facility number.
2. Facility Name: Provide the licensed name of your facility.
3. Name and Credentials: Provide your full name and credentials (if applicable).
4. Position (Title): Provide the position held at your facility.
5. Supervisor Name: Provide the name of your supervisor/manager.
6. Business Address (Mailing Address): Enter the business address where you can receive mail.
7. Business Phone: Provide a phone number where you can be contacted.
8. Business Fax: Provide a fax number where you can receive faxes.
9. Email Address: Provide an email address where you can be contacted.
10. Authentication Words: The authentication words provided may be used to identify you in the event that a password reset is required. It is important to remember this information.
 - a. Provide the name of the high school or college you attended.
 - b. Provide your city of birth.
11. User Account Administrator Signature: If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.
12. Date: Provide the date of signature.

SECTION 2: Facility Administrator Approval *(All fields must be completed)* – **To be completed by the Facility Administrator (CEO or equivalent).** *This should be the person who is in charge of the day-to-day operation of the facility. HCAI will cross reference this name against the name supplied by your facility as the Facility Administrator contact person.*

13. Facility Administrator Name: Print name.
14. Facility Administrator Signature: After you have reviewed and approved the completed User Account Administrator Agreement, provide your signature indicating approval of this person to act as a User Account Administrator.
15. Date: Provide the date of signature.
16. Phone Number: Provide a phone number.

SECTION 3: For HCAI Use Only