

CHIA INTERFACE USER AGREEMENT

Hospital/Facility File Submissions



As an employee of _____
(If more than one hospital is applicable, please attach and submit a list of all hospitals affiliated with this agreement)

OR as an employee of a contractor of _____
(Please attach and submit a list of all hospitals affiliated with this agreement)

I will be allowed to access CHIA Submissions, the data reporting system provided to _____ by the Center for Health Information and Analysis subject to the following terms and conditions:

- I will not disclose my CHIA Submissions user ID and password to any other person.
- I will not attempt to access or look at CHIA Submissions data other than what is required to perform my job.
- I will use any data I receive from CHIA Submissions only as permitted and only in furtherance of my job.
- I will not share any data I receive from CHIA Submissions with others unless doing so is necessary to do my job (pertains to patient level confidential data only).
- I will discuss data I receive from CHIA Submissions with others only as required to perform my job and will conduct such conversations only in secure areas where I am unlikely to be overheard (pertains to patient level confidential data only).
- I will not disclose any data that I receive from CHIA Submissions to any third party unless I have specific written permission from my supervisor or the legal order of a court (pertains to patient level confidential data only).
- I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to and use of CHIA Submissions.

REQUIRED INFORMATION – please print and no abbreviations

Mr. Ms.

Mrs. Dr. Name: _____
(Please provide middle name initial)

Job Title: _____

Company Name and Department: _____

Work Mailing Address: _____

E-mail Address: _____
(Required to send User ID and Password information)

Work Telephone: _____

Work Fax: _____

User Signature: _____ Date: _____

USER WEB SECURITY ITEMS – required

City or Town of Birth: _____

Security Questions - please select a Security Question below:

- Favorite Singer
- Favorite Vacation Location
- Favorite Sports Team
- Favorite Hobby
- Favorite Pet’s Name
- Favorite Teacher’s Name
- Anniversary Date
- Father’s Middle Name
- First Child’s Middle Name
- Make, Model, and Year of First Car

Answer: _____

Security questions are used by the Help Desk staff to ensure they are speaking with the correct person. When a User calls for assistance and requires using confidential information or sensitive issues, the Help Desk will use security questions as a means to confirm the identity of the caller.

Check the type of access for this User Agreement

User Profile (check one)	Functions
<input type="checkbox"/> Data Reporter’s Administrator	The person responsible for CHIA Submissions Administration (creates and maintains web user accounts online and via paper forms). Also has the ability to: submit information, download, edit, view and print reports.
<input type="checkbox"/> Data Reporter’s Individual User	Ability to: submit information, download, edit, view and print reports.

Hospital Submissions - Only check the submissions that User will submit or have access to under this Agreement

CHIA Submissions

- Annual Hospital Cost Report
- Top Ten Highest Compensated Employees
- Behavioral Health Inpatient Data (Case Mix)
- Electronic Health Record Data (EHRD)
- Hospital Health System (HHS)
Specify Name: (Includes hospital health system, hospital, and physician organization data)

- Hospital Inpatient Data (Case Mix)
- Outpatient Observation Data (Case Mix)
- Emergency Department Data (Case Mix)

Date: _____ Version/Code: _____



CENTER FOR HEALTH INFORMATION AND ANALYSIS

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<https://www.chiamass.gov>
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