

# TABLE OF CONTENTS

<b>iEXCHANGE® Overview .....</b>	<b>1</b>
<b>Registration Process .....</b>	<b>2</b>
How to Register for Qualis Health iEXCHANGE® .....	2
Executive.....	2
System Administrator .....	2
Staff User .....	3
<b>Executive Agreement.....</b>	<b>4</b>
<b>System Administrator Agreement .....</b>	<b>5</b>
System Administrator Registration Form .....	7
<b>Staff User Agreement .....</b>	<b>8</b>
Staff User Registration Form.....	9

## **iEXCHANGE® Overview**

iEXCHANGE® is a web application which allows physicians and facilities to submit requests for authorization via the web to Qualis Health. All information that is submitted through iEXCHANGE® is confidential. iEXCHANGE® uses a delegated security model. In order to submit requests for authorization via the web, the users must be registered and setup with an account.

## Registration Process

An Executive from the organization signs an agreement for the organization. Each organization designates a System Administrator for the organization. It is highly recommended that each organization designates at least two System Administrators for the organization. The System Administrator serves as a point of contact for the organization and is responsible for managing and completing the registration process for the organization. The System Administrator must be authorized and able to agree to the terms and conditions of using iEXCHANGE®. Each physician/staff accessing the application must complete the registration form.

### ***How to Register for Qualis Health iEXCHANGE®***

To begin the registration process for your organization, complete the appropriate registration forms with the agreements and email, fax or mail them to Qualis Health.

Qualis Health  
10700 Meridian Ave N. Suite 100  
PO Box 33400  
Seattle, WA 98133  
Attention:  
Laurie Long  
Project Coordinator  
[iechangeinfo@qualishealth.org](mailto:iechangeinfo@qualishealth.org)  
FAX: 206-288-2544  
or  
1-866-891-0581

### **Executive**

- The highest level executive at your location completes and signs the Executive Agreement. The Executive does not need to complete the registration form.

### **System Administrator**

If you are the designated iEXCHANGE® System Administrator for your organization, sign the System Administrator agreement and complete the registration form. Once the System Administrator has registered they may add users to iEXCHANGE®. If you apply as a System Administrator, you do not need to fill out a Staff User application.

## System Administrator

The System Administrator's responsibilities include:

- Set up individual users in the system.
- Verify the identity of individual physicians and users in your facility.
- Notify Qualis Health when users leave/change status within the organization.
- Set up the specific short diagnosis, procedure, physician and facility lists for your organization.
- Confirm registration of other users.
- Monitor iEXCHANGE® usage at your organization to ensure that users maintain proper security and confidentiality procedures and reset passwords when needed.
- Serve as the primary point of contact at your organization for information regarding iEXCHANGE®.
- The System Administrator will be notified by email that the registration process is complete.
- The System Administrator will receive a second email with his/her initial password. The System Administrator (at the time of their first access of the system) will be prompted to change this password.

## Staff User

- Each Staff User completes the Staff User Agreement and registration form.

**When all appropriate forms have been completed, fax, email or mail them back to Qualis Health (see page 2.)**



## Executive Agreement

I \_\_\_\_\_ authorize  
\_\_\_\_\_ to be the iEXCHANGE® System  
Administrator for \_\_\_\_\_ (*Name of organization*).

I understand that he/she will be responsible for the following:

- Set up individual users in the system.
- Verify the identity of individual physicians and users in your facility.
- Notify Qualis Health when users leave/change status within the organization.
- Set up the specific short diagnosis, procedure and facility lists for your organization.
- Monitor iEXCHANGE® usage at your organization to ensure that users maintain proper security and confidentiality procedures. Reset user passwords when needed.
- Serve as the primary point of contact at your organization for information regarding iEXCHANGE®.

I understand that as a security measure I may be contacted in the future by Qualis Health to verify my position and the designated Staff Users and System Administrator(s) for my organization. I may also be asked to verify those individuals who have been given access to iEXCHANGE®.

Name: (*Please print*) \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## System Administrator Agreement

In order to ensure the integrity, security and confidentiality of information maintained by iEXCHANGE<sup>®</sup> and Qualis Health, and to permit appropriate disclosure and use of data permitted by law, the User enters into this Agreement with Qualis Health.

As the iEXCHANGE<sup>®</sup> System Administrator for the organization, the user is responsible for and agrees to:

- The User agrees that this is a non-transferable, non-exclusive limited right to use iEXCHANGE<sup>®</sup> to maintain, update and support the use of User IDs for the organization.
- Determine who in the organization should have access and the type of access to iEXCHANGE<sup>®</sup>.
- Authorize, control, monitor access and use of iEXCHANGE<sup>®</sup> by users in the organization.
- The user represents and certifies that he/she will not disclose, release, reveal, show, sell, rent, lease, loan or grant access to their User ID and password to iEXCHANGE<sup>®</sup> to any individual(s).
- Instruct users to not allow another person to use their User IDs to access the system.
- Notify Qualis Health in a timely manner of any potential security breaches, to terminate users who leave the organization or who no longer require access to iEXCHANGE<sup>®</sup>. The user agrees to notify Qualis Health should they believe that their User ID and password have been compromised, in order that their User ID may be deleted and a new User ID and password may be created.
- The user agrees to establish appropriate administrative, technical and physical safeguards to protect the confidentiality of the information accessed through iEXCHANGE<sup>®</sup>.
- The user agrees that no files or information derived from the use of iEXCHANGE<sup>®</sup> may be released to unauthorized individuals.
- iEXCHANGE<sup>®</sup> is intended to enable Users to enter and store confidential patient information and to transmit such patient information to Qualis Health. At all times during the term of this Agreement and thereafter, the User will comply with all laws directly or indirectly applicable that govern the gathering, use, transmission, processing, receipt, reporting, disclosure, maintenance, and storage of confidential patient information.
- The organization is responsible for obtaining and maintaining all patient consents and all other legally necessary consents or permissions required or advisable to disclose, process, retrieve, transmit, and view the patient information that is transmitted stored, or received by the application.
- The User agrees that the criminal, administrative or civil penalties under the Privacy Act apply, if it is determined that the individual knowingly and willfully releases information under false pretenses.

## System Administrator Agreement

- Qualis Health does not assume any responsibility for the organization or users use or misuse of patient information or other information transmitted, monitored, stored or received while using this system.
- Qualis Health is not and will not be liable for any harm related to the theft of User IDs, your disclosure of User IDs, or your authorization to allow another person or entity to access and use the system using your User IDs. You agree to immediately notify Qualis Health of any unauthorized use of your User IDs.
- This agreement is subject to change at any time.

By accepting this agreement the System Administrator agrees to abide by all provisions set out in this Agreement for protection of the data and acknowledges having received notice of the potential criminal, administrative or civil penalties for violation of the terms of this agreement.

Name: *(Please print)* \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## System Administrator Registration Form

This form should be completed along with the System Administrator Agreement

Note: All fields marked with \* must be completed to obtain approval.

*Application Date		/ /		
*Last Name		*First Name	Middle Name or Initial	Suffix (MD, RN, etc.)
*Facility / Clinic / Hospital / Practice / Organization / Business Name			*Job Title	
*Address 1		Address 2		
*City	*State	*Zip Code	*Phone (w / extension)	*Fax
			( )	( )
*E-Mail Address				
*Facility Tax ID Number				

*Security Question (answer only one below)	
1. City of Birth?	
2. Pet's Name?	
3. Mother's Maiden Name?	

*Applicant Signature	*Date

## Staff User Agreement

In order to ensure the integrity, security and confidentiality of information maintained by iEXCHANGE® and Qualis Health and to permit appropriate disclosure and use of data permitted by law, the User enters into this Agreement with Qualis Health. By using the System, the user agrees and accepts the terms and conditions of use of the system.

- The end user represents and certifies that he/she will not disclose, release, reveal, show, sell, rent, lease, loan or grant access to their User ID and password to iEXCHANGE® to any individual(s).
- The user agrees to notify Qualis Health should they believe that their User ID and password have been compromised, in order that their User ID may be deleted and a new log on and password may be created.
- The user agrees to establish appropriate administrative, technical and physical safeguards to protect the confidentiality of the information accessed through iEXCHANGE®.
- The user agrees that if Qualis Health determines or has a reasonable belief that the User has made an unauthorized disclosure(s), their log on/access will be terminated.
- The user agrees that he/she has a non-transferable, non-exclusive limited right to use the System for the sole purpose of accessing and entering patient information and transmitting such patient information to Qualis Health.
- The user agrees that he/she has a non-transferable, non-exclusive limited right to access and view the on-line informational files and user guides in the system for internal business purposes only.
- The user agrees that no files, information derived from the use of iEXCHANGE® may be released to unauthorized individuals.
- This agreement is subject to change at any time.

By accepting this agreement the Staff User agrees to abide by all provisions set out in this Agreement for protection of the data and acknowledges having received notice of the potential criminal, administrative or civil penalties for violation of the terms of this agreement.

Name: *(Please print)* \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



### Staff User Registration Form

This form should be completed along with the Staff User Agreement. *If you completed a System Administrator Registration Form, you do not need to fill out a Staff User Registration Form.*

Note: All fields marked with \* must be completed to obtain approval

*Application Date		/ /			
*Last Name		*First Name		Middle Name or Initial	Suffix (MD, RN, etc.)
*Facility / Clinic / Hospital / Practice / Organization / Business Name				*Job Title	
*Address 1			Address 2		
*City	*State	*Zip Code	*Phone (w / extension)	*Fax	
			( )	( )	
*E-Mail Address					

*Applicant Signature	*Date