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**UCare SecFTP Access Request for Care Coordination Delegates**

**Purpose:** Care coordination staff may utilize this form to request new access or removal of access for UCare’s SecFTP portal. SecFTP users will receive access to their delegate portal to view the Care Coordination Enrollment Rosters, Daily Authorization Reports (DAR), and/or Gaps in Care (GIC) reports.

Please complete the required fields below and review and sign the confidentiality agreement on pages 2-3. Send completed form as an attachment to the UCare Clinical Liaisons:

* MSC+/MSHO: MSC\_MSHO\_ClinicalLiaison@ucare.org or
* Connect/Connect+ Medicare: SNBCClinicalLiaison@ucare.org

Allow up to 14 days for processing SecFTP access requests. Your user ID and password will be emailed to the email address provided below once access is granted. Log in to access the SecFTP here: <https://secftp.ucare.org>. The [SecFTP User Instructions](https://ucm-p-001.sitecorecontenthub.cloud/api/public/content/secftp_instructions.pdf?v=096e856f) can be found on the [UCare Care Coordination](https://www.ucare.org/providers/care-managers/care-coordination-trainings) page home page under UCare System Access Request Forms.

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| \***Action: Add/Update User Access** [ ]  **Remove User Access** [ ]   |
| \***Folder Access Needed: Enrollment Rosters** [ ]  **DAR** [ ]  **Gaps in Care Report** [ ]   **CC Reports Folder** [ ]   |
| \***Delegate Name:** Click or tap here to enter text. |
| \***Name:** Click or tap here to enter text. |
| \***Email:** Click or tap here to enter text. |
| \***Phone number:** Click or tap here to enter text. |
| **\*Public IPv4 Address/Range:** Click or tap here to enter text. |
| **Additional Public IPv4 Address/Range:** Click or tap here to enter text. |
| **Comments:** Click or tap here to enter text. |

Note: Include your public IP address above. If you do not know your IP address, please contact your IT administrator. UCare requires your public IPv4 address to grant access for security purposes. If you will need to access SecFTP from multiple locations, please include all known IP addresses. Multiple IP addresses can be added to your account as well as an IP range, if appropriate. If VPN connected, the IP address when connected to VPN is required.

\*Required Field

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**UCare Confidentiality Agreement**

By signing below, I acknowledge that I understand and agree with the following:

1. Information regarding patients, members, and employees, as well as proprietary company information, is considered “Confidential Information.” Examples include but are not limited to:
	* Member’s name, identification number, address, phone number, physician, and family
	* Claims information
	* Authorization information
	* Medical records
	* Any passwords that allow access to UCare’s information systems
	* UCare’s policies and procedures
	* Personnel information
	* Marketing or strategic plans and reports
	* Information protected by the attorney-client privilege
	* Non-public financial or utilization information
2. I understand as a remote access user of UCare’s information systems, I agree not to gain access to, use, copy, make notes of, remove, divulge, or disclose Confidential Information, except as necessary to perform my duties for UCare described in my job description or service agreement between UCare and my company. I shall only disclose Confidential Information to persons authorized by UCare to receive it and for purposes approved by UCare.
3. I will not release my login credentials including my user ID or password or to any other person or allow anyone else to access UCare information systems.
4. I shall follow applicable UCare policies on Confidential Information and shall take all reasonable and necessary steps to secure Confidential Information from potential unauthorized access by other persons. Such steps include but are not limited to:
	* Limit printing of confidential information to the minimum necessary to perform my duties for UCare.
	* Storing Confidential Information in a locked file cabinet or in a manner that is not readily accessible to other persons.
	* Discarding Confidential Information in a recycling bin specified for confidential documents.
	* Sending Confidential Information via e-mail only if encrypted.
	* Faxing Confidential Information to a known fax number with a UCare fax cover sheet, which does not contain any PHI.
	* Verifying the identity of a person authorized to receive Confidential Information.
	* Not allow family, friends, or other person to see the confidential information on my computer screen while accessing UCare information systems.
	* I will not access UCare information systems for “curiosity viewing” to access records of children, other family members, friends, coworkers, or any other person, unless access is necessary to perform my job duties.
5. When I am done with my work for UCare, I will return or destroy all Confidential Information in my possession unless UCare gives me written permission to keep it, and I will notify UCare that I no longer need access to its systems.
6. This Agreement is not a contract of employment.
7. My work for UCare depends on my ability to follow the terms of this Agreement. Failure to follow the terms of this Agreement may result in a contract action against my employer up to and including termination of my relationship with UCare, or appropriate legal action.

 Signature Date

 Name (Please Print)

 Name of Organization