

## GHCEpicLink Site Coordinator Agreement

\_\_\_\_\_  
Organization Name (Print)

\_\_\_\_\_  
Organization Tax ID Number(s)

\_\_\_\_\_  
Name of Individual Requesting Site Coordinator Access Rights (Print)

- If I am a GHCEpicLink Partner, I certify that my organization has a GHCEpicLink Partner Agreement (“Agreement”) in place.
- If I am a GHCEpicLink Employer Group, I certify that my organization is an active Employer Group with GHC-SCW.

I am requesting the authority to be assigned the role of Site Coordinator. In doing so, I affirm that I understand the Agreement and accept responsibility for ensuring employees to whom I grant access are properly informed of these same provisions.

### SITE COORDINATOR RESPONSIBILITIES

I understand that, as the Site Coordinator, my responsibilities are as follows:

1. I will ensure that my organization’s access into GHCEpicLink is limited to work-related purposes only.
2. I will coordinate and assign the appropriate level of access to staff at my organization based on job duties, including: requesting, modifying and/or terminating user IDs, or assignment, reset and management of passwords.
3. I agree to terminate user IDs within 24 hours of the user leaving my organization. I will terminate access immediately if the termination is involuntary.
4. I understand that I am responsible for training and education of staff to whom I grant access.
5. I will verify the accuracy of our organization’s user list by performing user verification within 15 days of email notification. I understand that all user access will be terminated if user verification has not been completed within the 15-day timeframe and will remain terminated until user verification is completed.
6. I pledge to educate, monitor and act on suspected or known misuse of GHCEpicLink with at least the same degree of diligence in place at GHC-SCW and in accordance with my own organization’s policies and applicable laws.
7. I will immediately notify the GHC-SCW Privacy Officer of suspected or known misuse of the system, including breaches, near misses or shared passwords.
8. I understand our use of electronic information is monitored and we should have no expectation of privacy.
9. I understand that GHC-SCW may periodically audit staff use of GHCEpicLink and I am required to ensure staff confirm appropriate access and respond to the Privacy Officer within five (5) work days. I understand that I may be asked to conduct internal audits of our use of GHCEpicLink and pledge to respond in an accurate, timely manner.
10. I understand GHC-SCW, with 5 work day advance notice to the Site Coordinator, may terminate user access to any individual who has not used the system for the previous 6 months or with reasonable advance notice to the Site Coordinator, immediately terminate access to any individual at any time for suspected/known misuse.
11. I agree to be solely responsible for our own acts, omissions, and negligence and the acts, omissions, or negligence of our employees as described in the Agreement.
12. If I, as Site Coordinator, change my own job status/duties or leave the organization, I take responsibility to ensure GHC-SCW is promptly informed and my employer immediately identifies a new Site Coordinator.

**Return completed form to:**

**Group Health Cooperative of South Central Wisconsin**

GHC-SCW Privacy Officer

1265 John Q. Hammons Drive Madison, WI 53717

P: (608) 662-4899 | F: (608) 662-4917 | E-Mail:

privacy@ghcscw.com (send as PDF attachment)

\_\_\_\_\_  
Site Coordinator Last Name (Print)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Site Coordinator Job Title

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
GHC EpicLink Partner (Your Organization) Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Authorized GHC-SCW Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Coordinator Signature

\_\_\_\_\_  
Date

*Please Note: Per GHC-SCW policy, a handwritten or digital version of a handwritten signature are acceptable. Script font is not acceptable.*