

GHCEpicLink Employer Group Site Coordinator Agreement

Organization Information

Name: _____

Address: _____

Telephone: _____

Organization Tax ID Number(s): _____

Organization Site Coordinator Name (Print): _____

Group Health Cooperative of South Central Wisconsin (GHC-SCW) offers its fully-insured employer groups access to GHCEpicLink to assist with employer insurance-related activities. By signing this Agreement, the above named Organization, its designated Site Coordinator, and any GHCEpicLink users within the Organization agrees to the stated terms, conditions, and responsibilities set forth below.

GENERAL TERMS & CONDITIONS

1. The Organization's access to GHCEpicLink is dependent upon the Organization's status as a fully insured employer group of GHC-SCW and will terminate should the Organization no longer be considered an active fully insured employer group.
2. The Organization must designate an active employee as its Site Coordinator.
3. The Organization must submit a new GHCEpicLink Employer Group Site Coordinator Agreement if its Site Coordinator changes.
4. All GHCEpicLink users must be active employees of the Organization UNLESS the Organization has submitted a GHCEpicLink Authorized Third-Party Designation form.
5. GHC-SCW retains the right to suspend and/or terminate access to GHCEpicLink at any time. GHC-SCW will use its best efforts to notify the Organization, via its Organization Site Coordinator, in advance if GHCEpicLink access will be suspended or terminated.
6. GHC-SCW may, with five (5) business days advance notice to the Site Coordinator, terminate a user's access if the user has not used the system for the previous six (6) months.
7. If GHC-SCW receives credible information regarding suspected or known/misuse of GHCEpicLink by a user, GHC-SCW may immediately terminate the user's access to allow for investigation of the user's access and use.
8. GHC-SCW may monitor the use of GHCEpicLink, and the Organization, Site Coordinator and/or users' activities within GHCEpicLink at all times.
9. GHC-SCW may periodically audit use of GHCEpicLink. The Site Coordinator is required to confirm appropriate access by its users and respond to GHC-SCW's Security Officer and/or Privacy Officer within five (5) business days of receiving a request for confirmation.
10. GHC-SCW may request that the Organization, via its Site Coordinator, conduct internal audits of its users' access and use of GHCEpicLink. The Organization is expected to cooperate with such requests and respond in an accurate and timely manner.
11. The Organization shall be solely responsible for all acts, omissions, and negligence of its Site Coordinator, GHCEpicLink users, and any other designated third-party users of the Organization's GHCEpicLink account.
12. The Organization's Site Coordinator and users must utilize Organization related e-mail addresses that are unique to the user (no shared or generic e-mail accounts). Users are responsible for all activity under their user account and shall not share passwords.

SITE COORDINATOR RESPONSIBILITIES

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

1. To ensure that all user access to GHCEpicLink is limited to work-related purposes only.
2. To ensure all users have unique user accounts and that no users share passwords.
3. To coordinate and assign the appropriate level of user access to employees and/or authorized agents of the Organization based on job duties. Site Coordinator activities may include, but are not limited to requesting, modifying and/or terminating user IDs, and assignment, reset and management of passwords.
4. To designate, on behalf of the Organization, any authorized third-party users by completing and submitting a GHCEpicLink Authorized Third-Party Designation form.
5. To train and educate users and ensure users abide by the terms and conditions of access to GHCEpicLink as set forth in this Agreement, the GHCEpicLink Handbook and/or such other resources as may be established by GHC-SCW from time to time.
6. To terminate user access within twenty-four (24) hours of a user voluntarily leaving the Organization.
7. To terminate user access immediately if a user is involuntarily terminated from the Organization.
8. To verify the accuracy of the Organization's user list by completing user verification within fifteen (15) calendar days following receipt of an email notification requesting user verification. It is understood that all user access will be terminated if user verification has not been completed within the fifteen (15) day timeframe and access will remain terminated until user verification is completed.
9. To monitor and act upon suspected or known misuse of GHCEpicLink pursuant to the Organization's policies and any applicable laws.
10. To immediately notify the GHC-SCW Privacy Officer at privacy@ghcscw.com of suspected or known misuse of GHCEpicLink, including inappropriate access to information, breaches, and shared passwords.
11. To promptly inform GHC-SCW if a Site Coordinator's duties are changed, or if a Site Coordinator is leaving the Organization. A new Site Coordinator must be identified for the Organization's access to remain active.

BY SIGNING BELOW, I AM CERTIFYING THAT I AM AUTHORIZED BY MY ORGANIZATION TO SIGN THIS AGREEMENT AND ACKNOWLEDGE AND AGREE TO THE TERMS, CONDITIONS, AND RESPONSIBILITIES SET FORTH IN THIS AGREEMENT.

Return completed form to:

Group Health Cooperative of South Central Wisconsin
1265 John Q. Hammons Drive
Madison, WI 53717

E-mail: GHCEmployerEpicLink@ghcscw.com

Organization Site Coordinator

Signature

Print Name

Job Title

Work E-mail

Work Phone

Date