

# Beth Israel Deaconess | CARE ORGANIZATION

## **BIDCO Arcadia Analytics Access Request Form**

All access requests must be signed by sponsors and include the access level required. All accounts unused for 30-45 days or more will be disabled.

Section 1 - User Information		
Last Name	First Name	Middle Name
Title		
E-mail Address		Phone
Date of Birth (xx/xx/xxxx)		Last 4 digits of Social Security Number
Practice or Organization Name & Address		
User Signature		Date

Section 2 – Arcadia Analytics Role & Sponsor Information - Please select role and ensure signatures are obtained by the appropriate sponsors.			
✓	Role	Sponsor 1 Requirement	Sponsor 2 Requirement
<input type="checkbox"/>	Case Manager	Risk Unit Executive	BIDCO Case Manager Leadership
<input type="checkbox"/>	Data Analyst	Risk Unit Executive	BIDCO Leadership
<input type="checkbox"/>	Office Manager	Pod Leader	BIDCO Manager, Performance Improvement Facilitation
<input type="checkbox"/>	Pod Leader	Risk Unit Executive	BIDCO Leadership
<input type="checkbox"/>	PCP	Pod Leader	BIDCO Manager, Provider Enrollment
<input type="checkbox"/>	Quality Lead	Pod Leader	BIDCO Manager, Performance Improvement Facilitation
<input type="checkbox"/>	Risk Unit Executive	BIDCO Leadership	BIDCO Leadership
<input type="checkbox"/>	Specialist	Pod Leader	BIDCO Manager, Provider Enrollment
<input type="checkbox"/>	Other (Specify)	BIDCO Leadership	BIDCO Leadership

Section 3 – Data Access Level Requested – Please select highest level requested and include name of risk unit, pod or practice		
<input type="checkbox"/> Risk Unit	<input type="checkbox"/> Pod	<input type="checkbox"/> Practice

Section 4 – Sponsor 1 Information		
Last Name	First Name	Middle Name
Title		
E-mail Address		Phone
Practice or Organization Name		
Signature		Date

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Section 5 – Sponsor 2 Information		
Last Name	First Name	Middle Name
Title		
E-mail Address		Phone
Practice or Organization Name		
Signature		Date

Please submit this form or send questions to the BIDCO Arcadia Analytics Administrator by e-mail at [bidcopophealth@bidmc.harvard.edu](mailto:bidcopophealth@bidmc.harvard.edu) or by fax to 617-754-1050 and include the following:

- All signatures must be obtained by the user requesting access prior to submitting this form.
- The End User Confidentiality Agreement for Arcadia Analytics must be signed by the user and submitted with this form.
- If returning the form by fax, please e-mail [bidcopophealth@bidmc.harvard.edu](mailto:bidcopophealth@bidmc.harvard.edu) to confirm that it was received.
- A fully executed Medical Group User Agreement must be on file at BIDCO or received with this form.

Note: Requests for termination of Arcadia Analytics user access can also be sent to [bidcopophealth@bidmc.harvard.edu](mailto:bidcopophealth@bidmc.harvard.edu).

**End User Confidentiality Agreement**

I, the undersigned end user of Arcadia Analytics (the “**Application**”) agree as follows:

1. I understand that the Application contains Protected Health Information (“**PHI**”), as such term is defined by the Health Insurance Portability and Accountability Act (“**HIPAA**”), and other personally identifiable information (“**PII**”) protected under state and federal law.
2. I agree to protect the confidentiality and privacy of all information contained within or accessed through the Application (“**Confidential Information**”), and I will not access or disclose the Confidential Information except as required for the management of patient care or as otherwise required in order to perform my job.
3. If disclosure of Confidential Information is required in order to perform my job, I will only disclose the minimum amount of Confidential Information necessary to achieve the objective at hand and only disclose Confidential Information to (a) employees of my company with business need to know such information, and (b) to representatives of Beth Israel Deaconess Care Organization (“**BIDCO**”).
4. I understand that I must obtain BIDCO’s written consent prior to making any disclosure (whether verbally or otherwise), that is not expressly permitted in Sections 2 and 3 of this Agreement.
5. I will not share my passwords to the Application with anyone and I will take commercially reasonable steps to protect those passwords from disclosure.
6. I understand that it is my obligation to dispose of printed Confidential Information by using a shredding machine or by depositing the materials in locked shredding bins. Any printed Confidential Information that is retained should be secured in a locked drawer or cabinet.
7. In the event that I make or discover a disclosure of Confidential Information that violates this Agreement, I will report such disclosure within one (1) business day to [BidcoComplianceReporting@bidmc.harvard.edu](mailto:BidcoComplianceReporting@bidmc.harvard.edu).

**I certify that I have read and understand the requirements of this End User Confidentiality Agreement. I understand that BIDCO may terminate my account privileges for any violation of the foregoing terms.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Company Name