Healthix

Concise API Training – Participant Attestation

The purpose of this document is to **1)** identify the individual at the _____ ("Participant") who is responsible for managing the training requirements for all Concise users; **2)** certify that such training meets requirements as outline in Section 4.7 of the Healthix Privacy and Security , and **3)** limit Access to any Protected Health Information obtained through the Concise Application to individual users of the Participant's information system who would be eligible to be provisioned with such access under these Policies and Procedures. Please provide the following information for the responsible party:

Name	
Title/site	
Email	
Phone #	

ACKNOWLEDGEMENT

I hereby acknowledge and agree that I am responsible for the management of training for Authorized Users of _____prior to allowing access to information obtained from Healthix via the **Concise Application**. I will work with Healthix to educate Authorized Users about the policies and procedures for Accessing Protected Health Information via the SHIN-NY governed by Healthix as specified by the Statewide Collaboration Process. I am aware that Healthix has provided training materials for me to access via https://healthix.org/ca-training/.

I also will ensure that each Authorized User signs a certification that he or she has received training and will comply with Healthix policies and procedures. Such certification may be made on a paper form or electronically and shall be retained by _____ for at least six (6) years. I will also ensure that each Authorized User undergoes continuing and/or refresher training on an annual basis as a condition of maintaining authorization to access patient information via **Concise Application** available from the State Health Information Network of NY (SHIN-NY) governed by Healthix.

If any of the personal information I have provided on this document changes I will inform Healthix in the most expedient manner by sending notification to complaince@healthix.org . If at any point in time the _____ wishes to change the individual responsible for the implementation of the **Concise Application** Training, I will ensure that Healthix is notified and receives a new Concise API Training Attestation Form by email via compliance@healthix.org. I understand that until this occurs, I will remain responsible for training of Authorized Users via the Concise API Application.

_____ _____

Date Signature

To be completed by Healthix staff:

CERTIFICATION

Healthix hereby certifies that all security and privacy requirements for access to Healthix through the _____**/Concise** Application have been communicated and validated by:

_____ _____

Compliance Manager Name Signature