



Individual User Application for Access to State of Arizona Health-e-Arizona Plus (HEAplus)

1. Organization Information

Name of the Community Partner Organization:

2. Individual User's Information

First Name	MI	Last Name
Date of Birth	Social Security Number	
Address		
Phone Number	Email Address	

Security Requirements for Users of the State of Arizona Health-e-Arizona Plus

Anyone with access to the State of Arizona's Health-e-Arizona Plus system containing sensitive information must abide by the following:

- Do not** disclose or lend your IDENTIFICATION NUMBER AND/OR PASSWORD to someone else. They are for your use only and serve as your electronic signature. This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not** browse or use Arizona data files for unauthorized or illegal purposes.
- Do not** use Arizona data files for private gain or to misrepresent yourself or Arizona.
- Do not** make any disclosure of Arizona data that is not specifically authorized.
- Do not** duplicate Arizona data files, create sub-files of such records, remove or transmit data unless you have been specifically authorized to do so.
- Do not** change, delete, or otherwise alter Arizona data files unless you have been specifically authorized to do so.
- Do not** make copies of data files, with identifiable data, or data that would allow individual identities to be deduced unless you have been specifically authorized to do so.
- Do not** intentionally cause corruption or disruption of Arizona data files.

A violation of these security requirements could result in termination of systems access privileges and/or disciplinary/ adverse action, depending upon the seriousness of the offense. In addition, Federal, State, and/or local laws may provide criminal penalties for any person illegally accessing or using a Government-owned or operated computer system illegally.

If you become aware of any violation of these security requirements or suspect that your identification number or password may have been used by someone else, immediately report that information.

Conflict of Interest

A conflict of interest exists when you have personal involvement with a customer that:

- Gives the appearance of improper behavior or favoritism,
- Could result in fraud, or
- May influence your personal, professional or financial interest.

Conflict of Interest Policy: HEAplus users are required to use avoid a conflict of interest by following the conditions listed below:

1. I **WILL NOT** use my HEAplus organization account to access or attempt to access records or eligibility information for myself, my family, my relatives, my roommate, the parent of my child, my significant other or my friends.
2. I **WILL NOT** use my HEAplus organization account to apply for benefits, report changes or renew eligibility for myself, my family, my relatives my roommate, the parent of my child, my significant other or my friends.
3. I **WILL NOT** use my HEAplus organization account to apply for benefits, report changes or renew eligibility for another employee of my organization.
4. I **WILL NOT** use my HEAplus organization account to apply for benefits, report changes or renew eligibility for any person or household for which I am an Authorized Representative.
5. I **WILL NOT** use my HEAplus organization account to name myself as an Authorized Representative for any customer or household.
6. I **WILL NOT** charge or receive monetary payments from customers for helping them access information, apply for benefits, report changes, renew eligibility, or troubleshoot an application.

Additional Provisions:

1. I **WILL NOT** contact or ask AHCCCS, DES or the Community Partner-Assistor Organization Call Center for information related to a customer unless I or someone from my organization has completed an allowable action in HEAplus for that customer using their HEAplus organization account.
2. I **WILL NOT** influence, coach, or recommend any AHCCCS health plan to a customer. I understand that the customer must make his or her own AHCCCS health plan choices.
3. I **WILL NOT** accept any premium payments from customers for AHCCCS KidsCare or Freedom to Work or for purchasing insurance through the Federal Insurance Marketplace.
4. I **WILL NOT** discriminate against any customers based on race, color, religion, gender, age, sexual orientation or immigration status.
5. I **WILL NOT** release the name or any information about any HEAplus customer to any party, without the prior written consent of the customer or his/her lawful representative.

6. I **WILL** provide information and services in a fair, accurate and impartial manner.
7. I **WILL** provide information that is culturally and linguistically appropriate to the needs of the population my organization serves, including individuals with limited English proficiency and ensure accessibility to persons with disabilities, including compliance with certain Federal civil rights laws, such as Title IV of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.
8. I **WILL** protect the confidentiality of all information that may be obtained or used to perform customer assistance in accordance with applicable Federal, State and local laws, regulations, ordinances, and directives relating to confidentiality.
9. I **UNDERSTAND** that I must obtain consent from a customer in order to assist them with an application in Health-e-Arizona Plus.
10. I **UNDERSTAND** that I must complete required HEAplus training before my account is approved for log in.
11. I **UNDERSTAND** that by using HEAplus to assist a customer, I am **NOT** deemed and may not represent myself as an employee, agent, or officer of the Arizona Health Care Cost Containment System (AHCCCS) or the Arizona Department of Economic Security (DES).

Penalties

A violation of these security requirements could result in termination of systems access privileges and/or disciplinary/ adverse action, depending upon the seriousness of the offense. In addition, Federal, State, and/or local laws may provide criminal penalties for any person illegally accessing or using a Government-owned or operated computer system illegally.

Individual User’s Signature

By signing this form, I am declaring that I have read and understand the Security Requirements, Conflict of Interest Policy, Additional Provisions and Penalties related the use of Health-e-Arizona Plus specified in this document. I declare that the information I provided in this document is correct.

Printed Name
Signature

After signing the form, save a copy for your records. **To submit this completed form, the individual user must submit the Individual User Form to CP-AOOperationsTeam@azahcccs.gov.**