## WA-APCD Enclave DATA User Authentication Agreement

The Washington All-Payer Health Care Claims Database (WA-APCD) Analytic Enclave (“Enclave”) is a managed, cloud-based platform that houses the all-payer data and a set of analytic tools that is available as a WA-APCD information service. The purpose of this Agreement is for Data Recipient organization representative (“Data Recipient”) to identify and authorize a person, the “Enclave Data Administrator,” who will have the authority to request the addition, modification, and/or removal of Authorized Data Users and of Enclave licensed users and their associated access. The Enclave Data Administrator may be a holder of an Enclave seat license but that is not required.

The Data Recipient representative shall complete the background information requested below, sign the Agreement, and return it to the Lead Organization via email ([wa-apcd@ohsu.edu](mailto:wa-apcd@ohsu.edu)) or fax (503-494-4997).

The Data Recipient representative, on behalf of Data Recipient organization, by executing this Agreement, attests to the following:

* Is an authorized representative for the Data Recipient with the authority to bind the organization to the WA-APCD Enclave privacy, security, and other requirements, including those expressed in the WA-APCD Data Use Agreement.
* Data Recipient organization shall bear the sole cost and liability for any security breaches or other unauthorized access to or use of the WA-APCD Data it accesses in the WA-APCD Enclave to the extent that the security breach or unauthorized access arises from or is caused by an employee, contractor, or agent of the Data Recipient or any Additional Organization(s).
* Data Recipient organization must contact the Office of Financial Management at [apcd@ofm.wa.gov](mailto:apcd@ofm.wa.gov) or 360-902-0599 and the WA-APCD Lead Organization [wa-apcd@ohsu.edu](mailto:wa-apcd@ohsu.edu) or 503-494-1454 with information of any breach of the security of the data immediately following discovery, if the Enclave data was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.
* Authorized Data Users who access the WA-APCD Data have been trained in the identification and prevention of security breaches as well as compliance with applicable privacy and security, statutes, regulations, and rules.
* Is responsible for all actions of the Enclave Data Administrator and for all actions of Authorized Data Users related to the handling and use of the Data Recipient’s WA-APCD Data.
* The Enclave Data Administrator will act on behalf of the Data Recipient and will identify and request access and authorization for all Authorized Data Users belonging to the Data Recipient’s organization or Additional Organization(s), who also are bound by this Agreement.
* The Enclave Data Administrator will be responsible for notifying the Lead Organization of any changes to the Authorized Data Users that affect their responsibilities and authority to access WA-APCD Data.
* The Enclave Data Administrator will be responsible for authorizing Enclave licensed users.
* The information about the representative and the Enclave Data Administrator supplied hereunder is accurate.

Please complete the following:

## Data Recipient Representative

**(Person who is an authorized representative of the Data Recipient organization)**

|  |  |
| --- | --- |
| Organization Name | Click here to enter text. |
| Name of Representative | Click here to enter text. |
| Title | Click here to enter text. |
| Street Address | Click here to enter text. |
| City | Click here to enter text. |
| State | Click here to enter text. |
| ZIP Code | Click here to enter text. |
| Office Telephone | Click here to enter text. |
| Email Address | Click here to enter text. |
| Employment Start Date (MM/YYYY) | Click here to enter text. |
| Signature | Click here to enter text. |
| Signature Date | Click here to enter text. |

## Enclave Data Administrator

**(Person who will authorize user access to the WA-APCD Enclave and Data. All fields are required to complete the Enclave multi-factor authentication process)**

|  |  |
| --- | --- |
| Organization Name | Click here to enter text. |
| Name of Enclave Data Administrator | Click here to enter text. |
| Title | Click here to enter text. |
| Street Address | Click here to enter text. |
| City | Click here to enter text. |
| State | Click here to enter text. |
| ZIP Code | Click here to enter text. |
| Office Telephone | Click here to enter text. |
| Email Address | Click here to enter text. |
| Employment Start Date (MM/YYYY) | Click here to enter text. |
| Cell Phone (used only for WA-APCD Enclave Data authentication process) | Click here to enter text. |