New Hampshire Uniform Hospital Facilities Discharge Data System (NH UHFDDS):
Access Authorization Form

This form grants the below-listed individual access to one or both of the following:

• The NH UHFDDS Data Management System for the purpose of tracking, correcting, and/or attesting to the discharge data for the NH UHFDDS.
• Submit data files on behalf of his or her institution for the NH UHFDDS directly to the Connecticut Hospital Association (CHA) through CHA’s sFTP server using individually-assigned user credentials.

New User Information:

Name: 
Please insert the full name of your hospital. If you are part of a system and need access to multiple hospitals, please insert your system name and list out the full names of every hospital for which you need access within your system.

Hospital: __________________________
Title: __________________________
Department: __________________________
E-mail address: __________________________
Telephone: __________________________
Fax: __________________________

Signature Information:

Signature of a Hospital Representative with the Authority to Allow User Access Rights for the New User Listed Above:

Signature:

Name: __________________________
Title: __________________________
Date: __________________________
E-mail address: __________________________

NH UHFDDS Data Management System Security Levels (please check all levels of desired access):

Patient Data Correction:

☐ 1: INQUIRY: This level provides INQUIRY only access to the discharge data. Transactions such as changes are not permitted.

☐ 2: ERROR CORRECTION: This level permits user to UPDATE fields, ADD additional line items and DELETE encounters.

☐ 3: ATTESTATION: This level permits user to ATTEST that the discharge data is complete and ready to release to New Hampshire Department of Health and Human Services (NH DHHS).

☐ 4: AUDIT LOGS: This level permits user to VIEW THE AUDIT LOGS related to login, data submission, and error correction.

sFTP Discharge Data Submission:

☐ sFTP DISCHARGE DATA SUBMISSION: This account will allow the user to submit data files to the NH UHFDDS Data Management System.

Please fax or e-mail completed, signed form to:

Caroline Lavoie
Health Data Analyst
New Hampshire Hospital Association
125 Airport Road  •  Concord, NH 03301
Fax: (603) 415-4260  •  clavoie@nhha.org

New Hampshire Hospital Association:

Signature: __________________________
Name: __________________________
Title: __________________________
Date: __________________________

Revised: May 2018