

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 <u>INQUIRY</u> only access to the discharge data. Transactions such as changes are not permitted.
2: ERROR CORRECTION:	This level permits user to <u>UPDATE</u> fields, <u>ADD</u> additional line items and <u>DELETE</u> encounters.
3: ATTESTATION:	This level permits user to <u>ATTEST</u> 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 <u>VIEW THE AUDIT LOGS</u> related to login, data submission, and error correction.
Authorized User Account Options for sFTP Discharge Data Submission:	
Option 1: Service account using Secure Shell (SSH) key pair as the authorization method.	
Option 2: Individual account using a password as the authentication method.	

Please E-mail completed, signed form to:



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