

Rhode Island Rlte Resources User ID Request

This form will not be processed without the user's signature on the Confidentiality Acknowledgment page.

Add New User

Change User

Delete User

Date Service Requested by: _____

User Information (please print): (all fields are required to process the request)

User ID (for existing users): _____

Last Name: _____ First Name: _____ Middle Initial: _____

Email Address: _____

Phone Number: _____

License Number(s): _____

Provider or Agency Name: _____

Supervisor Name: _____

Please check one:

<u><i>Rlte Resources</i></u>		<u><i>For Admin Use Only</i></u>
Provider Administrator (access to update all information)	<input type="checkbox"/>	
Provider User (access to update admission data only)	<input type="checkbox"/>	

Please allow 7-10 business days to process your request

State of Rhode Island
Executive Office of Health and Human Services (EOHHS)/Medicaid

Rhode Island RItE Resources System

Confidentiality Acknowledgment

By signing below, I acknowledge the following:

Upon leaving the workforce of the state of Rhode Island or its business associates, my access will be terminated. The business associate organization will notify the appropriate personnel to end access.

After I leave the workforce of the state of Rhode Island or its business associates, I will continue to observe EOHHS/Medicaid policies and procedures with regard to access I had while a workforce Member.

I understand that if I violate EOHHS/Medicaid policies or procedures, I may be subject to employment or contractual sanctions, up to and including the termination of state employment or contract, and also may be subject to civil liability or criminal prosecution.

Signature (original signature required)

Date

Printed Name

Title

Authorized by (EOHHS/Medicaid Use Only)

Date

Submit this form to:

RI RItE Resources System
c/o Nelson Aguiar, HP Enterprise Services
301 Metro Center Boulevard
Third Floor
Warwick, RI 02886