

DSPD Contract Provider Authorization / Designee Form for the USTEPS Provider Interface (UPI) System

Statement of Understanding:

I understand each company employee who requires UPI access must have their own Utah ID (which establishes their user ID/password credentials). I understand UPI access is controlled by the employee's Utah ID login credentials in accompaniment with the user roles marked on their individual 0-8 UPI User Access Form. I understand the login credentials are exclusively for the employee's personal use. I agree to establish company policies / procedures that secure and protect each employee's login credentials against use or exploitation by anyone else. As the company owner/representative, I agree to establish policies and procedures that protect the information contained in UPI from inappropriate use, exposure, abuse, etc., in accordance with the policies and contract requirements established by the Utah State Department of Health and Human Services. I agree to notify the DSPD USTEPS Team via email (usteps@utah.gov) when a company employee's user roles change as marked on the 0-8 UPI User Access Form and/or when the employee resigns their position with the company.

Provider Company Name: _____

Provider Representative Signature: _____ Date: _____

Provider Representative Name (print): _____

DHS/DSPD Contract Number: _____

Provider Representative's Telephone: _____

Provider Designees

As the company owner/contract representative with the Department of Health and Human Services, I hereby delegate authority for the following individuals to act in my behalf when approving employee user roles on the 0-8 UPI User Access Form. I agree to ensure the individuals act in accordance with the "Statement of Understanding" given above. I agree to notify the DSPD USTEPS team about any changes in this list of authorized individuals within two business days of the change taking place within my company organization.

Provider Representative Signature: _____ Date: _____

Designees: Statement of Understanding

As a Designee, I agree to act within the delegated authority granted by the company owner/contract representative. I agree to follow the "Statement of Understanding" given above.

_____	_____	_____
Print Designee Name	Signature of Designee	Initial & Date
_____	_____	_____
Print Designee Name	Signature of Designee	Initial & Date

Contract Provider Authorization /
Designee Access Form

Provider Name: _____ (Provider & Designee form continued)

Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date
Print Designee Name	Signature of Designee	Initial & Date

Email this form to: USTEPS@utah.gov

FOR OFFICE USE ONLY:

Provider Name: _____ Provider ID# _____

Primary Secondary

I have reviewed the above request and approve that this is the provider representative and Provider ID being used for this company:

DSPD Contracting Team Approval Signature: _____ Date: _____

UPI Provider Set Up Completed: _____ Date: _____
USTEPS Team Signature

UPI Provider Access Inactivated: _____ Date: _____
USTEPS Team Signature