



New Jersey Department of
Human Services
Division of Aging Services

Salesforce Government Cloud PORTAL USER ACCESS REQUEST FORM

***Required**

*Date of Request: _____

A. REQUEST TYPE AND PROVIDER DETAIL

***Portal Access Request Type** (Check One):

New Reactivation - Deactivated Portal User ID: _____

***Portal Access Requested** (Check One):

- EARC Portal (Hospital)
- NF Portal / User Profile Requested (Check One): NF SCNF Billing Agent (BA)
- NJ Choice Portal / User Profile Requested (Check One): ADRC PACE

***Provider Details:**

*Medicaid Provider Number (if applicable): _____

*Provider Name: _____

*Street Address: _____

*City, State, ZIP Code: _____

B. PORTAL USER DETAIL

(To be completed by individual requiring portal access)

*Portal User Name (First Name, Middle Initial, Last Name): _____

*Credentials / Title: _____

*Mother's Maiden Name (for security purposes): _____

*Portal User Telephone: _____

*Portal User Email: _____

*EARC / NJ Choice Certification # (if applicable): _____

NOTE: Please continue below to read the Salesforce Portal - User Responsibility Acknowledgement, followed by signing the required Portal User Attestation.

C. SALESFORCE PORTAL – USER RESPONSIBILITY ACKNOWLEDGEMENT

Government agencies have a particular responsibility to maintain the confidentiality and accuracy of the data that is stored in its computer and electronic systems. The Division of Aging Services (DoAS) will enforce a policy of user responsibility for access to and use of its Salesforce Portal applications.

- Portal users shall stay current with portal processes by reviewing the portal updates forwarded by DoAS or those identified directly within the portal.



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- Portal users shall use the online portal approved by DoAS, which provides for electronic submission of the EARC, LTC-2 and other related processes specific to user access.
- Portal users shall ensure any submission via the portal is completed as truthfully and accurately as possible.
- Portal users shall adhere to the requirements of all applicable State and federal laws, rules, and regulations pertaining to the confidentiality and disclosure of information and records. All resident information shall be kept confidential under federal and State law.
- Portal users shall use appropriate safeguards to prevent the disclosure of resident protected health information and other resident personal information. Portal users shall follow the comprehensive information privacy and security program of their provider organization. Portal users also shall protect against reasonably anticipated threats to confidentiality. Portal users shall ensure that all resident information is kept confidential and all printed information from the portal is stored in a secure location. All information that is no longer needed by the provider organization shall be shredded or otherwise destroyed.
- Portal users shall notify DoAS immediately in the event of suspected or actual improper breach of resident protected health information or other personal information. **In such event, portal users shall contact DoAS at 609-588-6675.**

In addition to the above, by signing this form, I acknowledge that I understand the following portal user responsibilities:

- Portal user passwords are assigned to each user for that individual's use only.
- Portal user shall keep passwords confidential. Passwords shall not to be shared with anyone, including supervisors.
- Use of the portal shall be limited to portal user's job-related duties only.
- Portal users shall log-off/sign-off from the password protected portal if they are not physically present. Personal computer users may activate a confidential password-protected screensaver.
- Portal users shall be held liable for failure to adequately protect their logins, passwords and confidential data from inappropriate disclosure/use/theft.

Portal user accounts **not used for 120 days will be automatically deactivated from the system.**

A portal user whose account was deactivated and wishes to regain access shall request a reactivation by submitting a new Portal User Access Request Form.

*****DoAS reserves the right to revoke a portal user's account for breach of this agreement.*****

PORTAL USER ATTESTATION

My signature certifies that I have read the User Responsibility Acknowledgement and understand my role and responsibilities in maintaining the confidentiality of the information inputted and stored within the portal.

*Date: _____

*Portal User Signature: _____



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D. SUPERVISOR ATTESTATION (To be completed by supervisor of individual requiring portal access)

- *Supervisor Name (First Name, Middle Initial, Last Name): _____
- *Credentials / Title: _____
- *Supervisor Telephone: _____
- *Supervisor Email: _____

My signature certifies that I am the supervisor for the above named individual for whom portal access is being requested.

- *Date: _____
- *Supervisor Signature: _____

E. ISR ATTESTATION

I hereby attest that the above named individual for whom portal access is requested, is an active employee or billing agent (NF only) and functions in a role that requires portal access.

- *Date: _____
- *ISR Name: _____
- *ISR Signature: _____

NOTE: Any changes to an ISR designation shall be processed through the completion of a new SF-1, Information Security Representative Form.

F. EMAIL INSTRUCTIONS

Submit the completed SF-2, Portal User Access Request Form via email attachment to DoAS as applicable. Handwritten and/or faxed forms will not be accepted.

- EARC Portal – Email: EARCRegistration@dhs.nj.gov
- NF Portal – Email: Doas-NFPortal.Registration@dhs.nj.gov
- NJ Choice Portal – Email: DoasTrainingUnit@dhs.nj.gov

NOTE: Forms with any required information (*) missing, shall be returned for completion. Please submit any comments or questions to the appropriate email above.
