



**NYU Employee Attestation for HRA Access Use**

I, [Employee Name], as an employee of New York University, hereby attest to the following regarding my use of New York City's Human Resources Administration (HRA) ACCESS site:

1. I will complete required ACCESS HRA training prior to accessing the system on behalf of my clients including [https://booknow.appointment-plus.com/9z3xxln8/?&service\\_id=39119](https://booknow.appointment-plus.com/9z3xxln8/?&service_id=39119)
  - a. ACCESS HRA Benefit Application Webinar
  - b. ACCESS HRA Overview Webinar
  - c. ACCESS HRA Provider Portal Webinar (Administrator Only)
2. I understand my Access credentials to ACCESS HRA systems are for my use only and I will not share my credentials with anyone for any reason.
3. I will only access patient information on the HRA ACCESS site after the patient authorizes access to NYU on the ACCESS HRA platform.
4. I will only access patient information on the HRA ACCESS site after the patient signs the NYU consent form and I have uploaded the consent into the patient's Health Home care management electronic record (Health Home Patients) or EPIC medical record (non-health home patients)
5. I will only view patients on HRA ACCESS that are on my caseload.
6. I will use the HRA ACCESS site solely for legitimate work purposes related to assisting patients with their benefits applications and case management.
7. I will maintain strict confidentiality of all patient information accessed through the HRA ACCESS site and will not share or disclose this information improperly.
8. I will log out of the HRA ACCESS site when not actively using it and will not share my login credentials with anyone.
9. I will promptly report any suspected misuse or unauthorized access of the HRA ACCESS site to my supervisor.
10. I will only enter true and accurate information on behalf of my clients and not falsify any information including names, addresses, and other information required to obtain benefits through ACCESS HRA.
11. I understand that I will only report true and accurate information on behalf on my client and that I will not make myself, my family member, or friend a payee on behalf of the client, even if the client requests me, my family member, or my friend should be their payee.
12. I understand that improper use of the HRA ACCESS site may result in disciplinary action, up to and including termination of employment.
13. I will use the HRA ACCESS site in accordance with applicable laws and regulations.

By signing below, I acknowledge that I have read, understand, and agree to abide by this attestation.

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



## NYU Patient Consent for HRA ACCESS Case Access

I, \_\_\_\_\_ (print patient name), hereby grant permission to my assigned NYU worker to access my case information on the New York City Human Resources Administration (HRA) ACCESS platform. This access is solely for the purpose of assisting me in applying for and managing various government benefits.

By signing this form, I acknowledge and agree to the following:

1. My NYU worker may view my personal and case information on the HRA ACCESS platform.
2. This access is limited to helping me apply for, recertify, or manage benefits such as SNAP (food stamps), Cash Assistance, Medicaid, HEAP, and Fair Fares.
3. My NYU worker will maintain the confidentiality of all information accessed through HRA ACCESS in accordance with HIPAA regulations.
4. This permission does not authorize my NYU worker to make changes to my case without my knowledge and consent.
5. I understand that granting this access is voluntary and will not affect my eligibility for services at NYU or through HRA.
6. I can revoke this permission at any time by notifying my NYU worker or the NYU department in writing.
7. This consent will remain in effect for one year from the date of signature, unless I revoke it earlier.
8. I have read and understand this consent form. By signing below, I authorize my NYU worker to access my HRA ACCESS case information as described above.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NYU Worker Name: \_\_\_\_\_

NYU Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_