



Electronic Signature

This is to certify my request for an electronic signature. An electronic signature is similar to your handwriting signature. Through the use of an electronic signature, you agree that the information you provide is accurate and complete to the best of your knowledge. You also acknowledge that you have read and understand the following statements. Please read these notices before providing us with your request for your electronic signature:

- Any and all information submitted on my behalf shall be true, accurate, and complete. I accept total responsibility for the accuracy of all information submitted to the web site.
- The undersigned will hold harmless and indemnify the Louisiana Department of Health (LDH) and or its Fiscal Agent Contractor from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence from the utilization of the web site.
- I further acknowledge that utilization of the web site does not alter my continuing obligation to comply with all applicable requirements of the Central Finance Office Service Provider Agreement and Riders which I have signed including but not limited to those requirements pertaining to payments, claims, timelines, confidentiality, privacy, records and records retention.
- I agree to immediately notify the Central Finance Office (CFO) via phone and mail if my password to this web site is lost, stolen, misplaced or has been compromised. I understand it is my responsibility to use the information provided to me on this web site for its intended purposes and to protect any password(s) issued to me.
- I agree to adhere to the stipulations and conditions outlined in the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Privacy and Portability Act (HIPAA).
- I understand that violation of any of the provisions of this Agreement shall subject me to the actions set out in the LDH Policy on Central Finance Office Provider dis-enrollment and shall make access to the web site subject to immediate revocation at LDH's option.
- I understand that access will not be granted to the web site without this Agreement.
- I certify that I am in compliance with the Central Finance Office Service Provider Agreement and Riders.
- I warrant that I have the authority to make this agreement.

(All information below is required to be completed.)

| Agency/Payee Information | |
|--|--|
| Agency/Payee Organization Name | Agency/Payee Organization Tax ID |
| | |
| Payee /Authorized Official Signature and Date | Payee/Authorized Official (printed) and Title |
| | |
| Provider/User Information | |
| Provider/User Signature and Date | Provider/User Signature (printed) |
| | |
| Provider/User Email Address | Provider User Social Security Number |
| | |

Please complete this Agreement and mail the original to:
 Central Finance Office
 P.O. Box 29134
 Shawnee Mission, KS 66201-9134