



Wyoming Frontier Information

Enrollment Application

Section 1: Organization Information:

Organization Name: _____

Department/Group within Organization (if applicable): _____

Organization NPI: _____

Entity Type (Check One):

Individual Practice/ Sole Proprietor

Business Corporation

Limited Liability Company

Organization Type (Check One):

Hospital Behavioral Health Other

Primary Care Home Health Agency

Urgent Care Pharmacy

Public Health Agency Laboratory

Long Term Care Radiology

Primary Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax: _____

Number of Providers (MD, DO, NP, PA) _____ No. of Locations: _____

EMR Vendor: _____

Address 2: _____

City, State, Zip Code: _____

Phone Number: _____ Fax: _____



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Section 2: Hospital Affiliations:

- 1. Facility Name: _____
- 2. Facility Name: _____
- 3. Facility Name: _____

Section 3: Authorized Contact/s:

Organization Administrator:

1. Name: _____ Title: _____
 Phone: _____ Email: _____

Alternate Authorized Contact: (Not Required)

2. Name: _____ Title: _____
 Phone: _____ Email: _____

(Check Box) If authorized contact is the practice/organization(s) Privacy and Security Officer

Wyoming Frontier Information (WYFI) requires each organization have an Organization Administrator who will be responsible for managing user accounts and ensuring privacy and security compliance in accordance with WYFI policies.

The undersigned agrees to assume the role of Organization Administrator and attests that all information provided in this application is accurate and current.

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

Please submit completed form to:

Wyoming Frontier Information
 Andrea Bailey, Coordinator, Provider Outreach Services andrea.bailey@wyo.gov
 Ruth Jo Friess, Manager, Health Information Technology ruth.jo.friess@wyo.gov



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Role and Responsibilities of the Organization Administrator

The Authorized Contact is the designated **Organization Administrator** for Wyoming Frontier Information (WYFI). This person at your practice or organization is responsible for the following duties listed below.

Administration & Account Maintenance:

1. Serve as the designated Organization Administrator for your organizations Wyoming Frontier Information (WYFI) account.
2. Enroll authorized users within your practice/organization in WYFI:
 - 1) Approve new users and access rights in WYFI
 - 2) Create approved user accounts for your practice/organization
 - 3) Manage user accounts and make any necessary changes (i.e. name changes, changes in users role that may change access rights)
 - 4) Disable terminated users (within 24 hours)

Education & Training:

1. Ensure each WYFI user is trained in HIPAA and WYFI Policies and Procedures prior to providing access.
2. Schedule training of new users with your designated trainer internally. If internal training resources are unavailable, please contact Andrea Bailey, WYFI Provider Outreach Coordinator andrea.bailey@wyo.gov for further assistance.

Communication:

1. Contact **WYFI Support Desk** at **(307)777-5414** or **(307)777-7494** with any system problems including difficulties accessing Wyoming Frontier Information (WYFI).
2. Notify WYFI with any changes to your business contact information or authorized contacts to ensure the appropriate delivery of important notices, regarding enhancements, maintenance, outages and other critical communications.