



### Compass Enrollment Form

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**All contracted in-home service providers are required to enroll in Compass. All users must have their own username and password and agree not to share their information with anyone. The sharing of this information is considered to be a breach of HIPPA.**

Compass User #1      ADD ☐      REMOVE ☐

Already an active user with another Agent?    Yes ☐    No ☐

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

Email Address: \_\_\_\_\_

\*Choose Password: \_\_\_\_\_

\*Not required if already a user

☐ be between 8 and 64 characters

☐ contain at least 3 unique characters

☐ not contain your username, last name, or first name

☐ not be found in the deny dictionary (easily cracked passwords and dictionary words like "password")

Check if needed:      Vendor View ☐      Billing Access ☐      Notification Emails ☐

Compass User #2      ADD ☐      REMOVE ☐

Already an active user with another Agent?    Yes ☐    No ☐

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

Email Address: \_\_\_\_\_

\*Choose Password: \_\_\_\_\_

\*Not required if already a user

☐ be between 8 and 64 characters

☐ contain at least 3 unique characters

☐ not contain your username, last name, or first name

☐ not be found in the deny dictionary (easily cracked passwords and dictionary words like "password")

Check if needed:      Vendor View ☐      Billing Access ☐      Notification Emails ☐

Compass User #3      ADD ☐      REMOVE ☐

Already an active user with another Agent?    Yes ☐    No ☐

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

Email Address: \_\_\_\_\_

\*Choose Password: \_\_\_\_\_

\*Not required if already a user

☐ be between 8 and 64 characters

☐ contain at least 3 unique characters

☐ not contain your username, last name, or first name

☐ not be found in the deny dictionary (easily cracked passwords and dictionary words like "password")

Check if needed:      Vendor View ☐      Billing Access ☐      Notification Emails ☐

**Each new Compass User will receive a Welcome email with login information at the email address listed above**

**\*\*\*\*Please email completed form to dosha@valleyaaa.org\*\*\*\***