



Accushield Registration Guide

For Self Employed Service Providers

Welcome to Accushield!

Accushield, founded in 2013, is a premier provider of visitor management and credentialing solutions. As a risk management company, Accushield is hired by healthcare facilities to ensure that third-party service providers (Self-employed Private Caregivers, Home Health, Hospice) and vendors comply with the credentialing requirements established by the healthcare facility. The facility's established credentialing requirements may include verification of clear criminal background checks, immunization records, liability insurance, and drug screenings.

In addition to credentialing, the Accushield platform streamlines the in-facility sign-in process through a tablet- based kiosk that prints name badges. By automating credential validation, Accushield assists healthcare facilities in mitigating risks and maintaining compliance.

If you are currently providing or plan to provide services to a facility using Accushield, the facility requires you to register through Accushield and complete the credentialing process.

What is the Accushield credentialing management program?

- Accushield will collect, verify, and store documents for self-employed service providers on behalf of Accushield visitor management customers. The entire program is facilitated by the Accushield visitor management platform, including communication of required documents, submission of documents by self-employed service providers, sign-in at customer facilities, and badge printing with credentialing status information.
- Each self-employed service provider who enters the customers' facility may be required to provide documents to Accushield, including but not limited to the following:
 - Proof of General Liability Insurance (as required by the customer)
 - Proof of Workers Compensation Insurance. (as required by the customer)
 - Proof of a Criminal Background Check.

- Proof of applicable medical tests (e.g., tuberculosis) and vaccinations.
- Other community-specific requirements (e.g., drug screen, as required by the customer).

NOTE: Self-employed service providers can upload documents via the Accushield Mobile app.

- How does this impact you?
 - You will be required to sign in via the Accushield visitor management system each time you enter the Accushield customer's facility
 - Upon sign in, you will receive a printed badge that will display your compliance status:
 - Noncompliant status: If you are not compliant, you will see 'Credentials Required' at the bottom of your badge and will receive a list of missing documents on the badge
 - Compliant status: If you are compliant, you will see 'Accushield Verified' printed at the bottom of your badge
 - If you receive a 'Credentials Required' badge, you can upload documents via the Accushield Mobile app.

Benefits of enrolling with Accushield:

- Obtain the designation of a preferred partner with Accushield.
- Expand your business to new customers in the Accushield network.
- Gain access to all 5,000+ Accushield customers and their facilities.
- Share information about you, your credentials & more to Accushield customers that you visit.
- View your Accushield customer visit information. The Accushield platform will provide you with detailed visit information (sign in / sign out times, reason for visit, service provided). That same information is visible to the Accushield customers.
- Maintain your profile and documents via the Accushield Mobile App.
- Store your documents in a secure, encrypted HIPAA-compliant database.

Costs:

- You will be charged a fee of \$9/month for unlimited visits to all Accushield customers, payable via credit card or ACH.
- Access to the Accushield Mobile app to see your visit information, documents and maintain your profile is **free**.

You are about to become a part of a network of caregivers with the highest standards of safety and security in the senior living, skilled nursing, acute care and behavioral health industries. As a part of our network, you may obtain access to additional Accushield customer facilities in your area and may be able to grow your business as a preferred partner.

To complete the registration process:

- 1) Complete the Service Provider Agreement for Self-Employed Service Providers below. Sign the agreement and share with Accushield via the Accushield Mobile App or email to support@accushield.com
- 2) Complete the Payment Process information.



Service Provider Agreement

For Self Employed Service Providers

Please Fill in All Blanks.

First name: _____

Last name: _____

Phone number: _____

Email address: _____

This Provider Agreement (“Agreement”) is executed by _____ (“Provider”), having principal residence in the State of . Accushield, LLC (“Accushield”) operates a service provider credentialing service on behalf of certain entities (each referred to herein as “Company” and, collectively, the “Companies”). Each Company is the owner or operator of an assisted living, independent living, continuing care, skilled nursing, acute care or behavioral health community (each referred to herein as a “Community,” and, collectively, the “Communities”). Provider intends to provide services to one or more residents at the Community, or to the Community itself (“Work”). In order to provide the Work, Provider requests and requires access to the Community. NOW THEREFORE, in consideration of Provider being allowed to enter and come upon the premises of any Community, which Provider acknowledges and agrees is valuable consideration, receipt of which is hereby acknowledged, sufficient to support the obligations and agreements undertaken by the Provider herein, Provider hereby agrees to the above and as follows:

1. Disclaimer of Status

It is expressly understood that if Provider has been engaged by one or more residents of one or more Companies and that Provider has not been engaged, directly or indirectly, by such Company or Companies. Nothing in this Agreement or otherwise shall be construed to constitute Provider in such situation as an employee, agent or independent contractor of any Company; nor shall anything in this Agreement or otherwise be construed to constitute

any Company or Company Personnel as an employee, agent or independent contractor of Provider. Irrespective of whether Provider is performing Work on behalf of a resident at a Community or is performing Work on behalf of the Company, Provider acknowledges and agrees that such Company is not directing or controlling the Work, nor shall it be deemed to have requested Provider provide any services on behalf of any resident of the Community. As such, Provider acknowledges and agrees that Provider is not entitled to, and will not seek to, recover from any Company or its insurance companies or coverage, including without limitation any Company's worker's compensation insurance coverage, for Claims or Losses sustained while at any Community of a Company or providing or performing Work, except to the extent caused directly by such Company's gross negligence or intentional misconduct. For purposes of this Agreement, "Claims" means any claim, complaint, action, suit, investigation or other proceeding, and "Losses" means any-and-all injuries, losses, damages, liabilities, costs, expenses (including without limitation attorneys' and experts' fees and expenses, and other legal expenses), debts, taxes or fines, whether for personal injury or property damage.

2. Waiver

To the full extent allowed by applicable law, Provider hereby waives the right to assert, and agrees not to assert, any Claim against any Company or Accushield, or their respective past, present or future principals, officers, directors, partners, agents, attorneys, accountants, employees, representatives, parents, subsidiaries, sister or affiliated entities, or insurers, or any of the respective successors or assigns (collectively, the "Released Parties") arising out of or related to:

(i) any Losses sustained by Provider while at any Community or arising out of or related to the presence of Provider at any Community; (ii) the performance of the Work; (iii) any and all acts or omissions by any of the Released Parties in connection with the Information of Provider or; or (iv) any third party access, damage or loss relating to the Information of Provider, in all cases including without limitation Claims and Losses resulting from the negligence of any of the Released Parties, but excluding Claims and Losses resulting from gross negligence or intentional misconduct.

3. Confidentiality

- a) Provider shall comply with all applicable federal and state laws and regulations regarding the confidential and secure treatment of individually identifiable health information.
- b) Provider understands and acknowledges that, in connection with entering and coming on the property or premises of any Company, Provider might acquire or be exposed to a Company's trade secret information, confidential and proprietary information, including but not limited to business plans, product plans, designs, inventions (whether or not patentable), costs, prices, finances, marketing and advertising plans, software, technology and other intellectual property, and information regarding customers, executives and employees. Provider hereby agrees that

Provider shall hold such information in confidence and not disclose, distribute, transmit or transfer such information to any person or entity for any purpose other than the performance of such person's engagement with the Company or its resident, and shall not use such information for any purpose, except as required by applicable law.

4. Consent For Use of Information

- a) Provider grants full consent to Accushield to use, store, and maintain any and all documents and related information provided to Accushield and/or authorize Accushield to obtain (the "Information"), including but not limited to, the following:
 - Criminal Background Check
 - Proof of Negative TB or chest X-ray
 - Applicable Accushield Registration Forms
 - Employment Verification Form (if applicable)
 - Other Community Specific Requirements

- b) Provider releases from liability and agrees to hold harmless Accushield and its affiliates, employees, agents and representatives for the acts or omissions performed in connection with the Information.

- c) Provider agrees to not provide Accushield with any sensitive information that is beyond the scope of Accushield's request, such as any unrequested personal healthcare information.

- d) Provider may terminate their Accushield membership and can delete any-and-all Information by emailing support@accushield.com or by calling the Accushield at (800) 478-5085. Provider acknowledges to include Verification Information for this request. "Verification Information" means, collectively:
 - Account Name;
 - The Mobile Number associated to the Account Name
 - The personal identification number ("PIN") associated with the Mobile Number

- e) Provider understands and agrees that in the event of Accushield membership termination, the releases and waivers contained herein shall survive.

- f) Provider understands that this consent for use of information may be executed in one or more counterparts, each of which shall be deemed an original but all of which together will constitute one and the same instrument. A photocopy or facsimile copy of the signed original shall have the same force and effect as the original and shall be sufficient for the same purposes.

- g) Provider acknowledges that their signature below creates a binding contract and constitutes assent to the terms herein. Failure to sign below may result in not being able to access or otherwise use the Accushield system, Website or related services.

5. Responsibility and Indemnity

Provider shall be responsible for any-and-all Claims and Losses arising out of or related to (a) the Work or any other acts or omissions by Provider while at a Community or otherwise, including without limitation any breach of this Agreement, or (b) the Information of Provider. To the full extent allowed by applicable law, Provider shall indemnify and hold each Released Party harmless, and at the Released Party’s option, defend it, from and against any Claim or Loss arising out of or related to the foregoing, except to the extent caused directly by such Released Party’s gross negligence or intentional misconduct.

6. Miscellaneous

Neither party may assign this Agreement without the consent of the other, except Accushield may assign this Agreement in connection with a sale of its business, by stock, asset, merger or otherwise. This Agreement shall bind and inure to the benefit of Provider’s successors and permitted assigns, and shall inure to the benefit of the Released Parties. This Agreement contains the entire agreement with respect to the subject matter hereof and supersedes all other written or oral statements or agreements heretofore made with respect to the subject matter hereof. Any failure to enforce any provision of this Agreement shall not constitute a waiver thereof or of any other provision hereof. This Agreement may not be amended except in a writing signed by both parties. If any provision hereof is declared invalid by a court of competent jurisdiction, such provision shall be ineffective only to the extent of such invalidity, so that the remainder of that provision and all remaining provisions of this Agreement will continue in full force and effect.

Headings of particular sections are inserted only for convenience and are not to be used to define, limit or construe the scope of any term or provision of this Agreement. In this Agreement, the disjunctive “or” shall include the conjunctive “and,” and vice versa. Should any provision of this Agreement require judicial interpretation, it is agreed that the court interpreting or construing same shall not apply a presumption or rule that the terms of this Agreement shall be more strictly construed against the drafter. Provider has read this Agreement in its entirety, understands the terms contained herein, has had the opportunity to consult counsel or has elected not to consult counsel, and intends to be bound hereby. The interpretation and enforcement of this Agreement will be governed by the laws of the State of Georgia, without regard to any conflicts of law, rules or provisions.

PROVIDER:

Signature: _____

Name (please print): _____

Date: _____



Payment

Process

The Accushield credentialing management program includes a fee for the collection, validation and management of your credentials and visit information as required by the Community.

To be compliant, you must submit the payment confirmation page along with your Provider Agreement.

To complete the payment process:

1. Go to www.accushield.com
2. Select "Pay Online" at the top right of Home Page, and choose "Subscription Payment"
3. Login –OR– Create a new account (select User Type = Self-employed when creating an account)
4. Select "Make a Payment" on the left
5. Choose from monthly or annual payment options, and follow the steps to checkout
6. Save a copy of the payment confirmation page and submit it along with your Provider Agreement

For questions contact support@accushield.com or call 1-800-478-5085.



Accushield

Mobile App

To upload your required credentials, you can easily do so from your phone on the [Accushield Mobile App](#).

Mobile App Quick Instructions:

- Download the free Accushield Mobile app through the [Apple Store](#) or the [Google Play Store](#) by searching for Accushield Mobile
- You will need to verify your phone number by typing in a code that will be provided via text.
- **A service provider must complete at least one sign-in to the Accushield platform prior to being able to sign into that community via the Accushield Mobile app.**
- You may also need to choose your visitor type (service provider) if you've signed in as different visitor types at the community in the past.
- You will see Documents as a tab in the bottom menu of the Accushield Mobile app. Clicking on that tab will reveal any documents that are required by the community as well as the current status for any documents you have already submitted.