

**County of Los Angeles - PSIP
Physician Services For Indigents Program
AIA ONLINE Access**

To gain entry into the PSIP claim status system, you will need to have a Windows based personal computer with access to the Internet. In addition, you need to have/purchase/download the following software:

3270 Terminal Emulation Software (e.g. Attachmate, Passport, WRQ, HOB, or QWS3270).

Next, you will need to fill out the attached Confidentiality Agreement for each individual that will access to the AIA system. These forms may be faxed ahead of time to expedite user identifications and passwords. The fax number is 562-692-8689. However the original document must be received by the AIA - PSIP Online Coordinator within 15 days of initial access. Failure to send in the original signed Confidentiality Agreement will result in the revocation of the user ids for your group.

Once the Confidentiality Agreement has been received at AIA, we will contact you with instructions on how to download a copy of the free VPN software that establishes a secure and encrypted connection. Once the VPN and 3270 software packages are installed at your site, a member of our staff will assign you with your user ids and their temporary passwords.

Finally, you will need to schedule an appointment with the Online Coordinator to review the screens. The average appointment runs between 15 and 20 minutes.

Should you have any other questions, please call the PSIP hotline number, 800-303-5242.

**County of Los Angeles - PSIP
Physician Services For Indigents Program
CONFIDENTIALITY AGREEMENT**

I, _____
(Your Name Printed)

Title: _____

Of, _____
Submitter, Provider or Physician Group's Name

Tax ID Number: _____

Phone Number: _____

As designated staff, I understand that I am responsible to protect PSIP record confidentiality from unauthorized access by:

- a) Guarding my password
- b) Never leaving a screen unattended
- c) Logging off the system when my official purpose is completed
- d) And not discussing confidential records in common areas.

I am aware that the PSIP System can only be used to access specific clients currently under treatment with the provider that is named on this agreement. I understand that my failure to comply with the responsibilities listed above can result in the revocation of access to the PSIP system.

Signed by: _____

Date: _____

The original form should be sent to:

American Insurance Administrators
P.O. BOX 17908
Los Angeles, CA 90017-0908
Attn: PSIP Online Coordinator

Email Address: _____

Mailing Address:

