

Dear Provider:

Thank you for choosing to securely exchange files with Community Behavioral Health. When filled out, this document allows you to formally request access to our secure file transfer server.

Our server currently supports three secure protocols: HTTPS, FTP over SSL, and FTP over SSH. While your files are resident on our server, we use 256-bit, FIPS 140-2 validated AES encryption to protect your files from unauthorized use, theft, hacking, and viewing. Additionally, depending on the client you choose, you may be able to take advantage of the file integrity and transfer resume features which are native to our multi-protocol file transfer server.

Please fill out the sections below with as much information as you can provide.

## Identification

<b>Contact Name</b>	
<b>Organization Name</b>	
<b>CBH Parent ID</b>	
<b>Provider Number(s)</b> (n/a for Provider Claims)	
<b>Provider Location</b>	
<b>Contact Job Title</b>	
<b>Contact Phone Number</b>	
<b>Contact Email Address</b>	
<b>Purpose of Connection</b>	<p>Access to submit the following (please select):</p> <p><input type="checkbox"/> Medical Necessity Application E-Packets</p> <p><input type="checkbox"/> School Census</p> <p><input type="checkbox"/> CBH Provider Claims</p>
<b>Restrict Access to IP(s)/Host(s)</b> (Optional)	
<b>Primary Organizational Contact (if other)</b> (Optional)	

## Preferred Protocol and Client

You have your choice of protocols when using our server. You may opt to use more than one protocol and/or client with the same set of credentials, as all protocols access the same virtual file system on our secure server. Cryptographic-quality integrity checks and file resume features are only allowed when using HTTPS and FTP over SSL and are not available with all clients. Additionally, if your firewall is a management concern, the HTTPS and FTP over SSH protocols are “single-port” protocols which can help minimize firewall changes required to allow your secure transfer to occur.

Please tell us which protocols and/or clients you plan to use with our service.

**Preferred Protocol(s):** ☐ HTTPS ☐ FTP over SSL ☐ FTP over SSH ☐ Don't Know

**Preferred Secure Transfer Client(s):**

Name: \_\_\_\_\_ Version: \_\_\_\_\_ OS: \_\_\_\_\_

Name: \_\_\_\_\_ Version: \_\_\_\_\_ OS: \_\_\_\_\_

Name: \_\_\_\_\_ Version: \_\_\_\_\_ OS: \_\_\_\_\_

☐ Don't Know

### Secure Transfer Confidentiality Agreement

I attest that I am authorized to set up secure transmissions on behalf on my organization. I promise to keep any credentials (including username and password) provided to me by Community Behavioral Health secret and well protected. I understand that shared accounts are not allowed on this server. I further accept that transmissions made using these credentials will be treated in every way as being performed by me and/or my organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Questions

For additional information, please contact [CBH.FileTransfer@phila.gov](mailto:CBH.FileTransfer@phila.gov).