STATE OF COLORADO
DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

Please complete, print & sign, then deliver via email, in-person, mail or fax

Secure CDPHE User ID Form

INSTRUCTIONS:
1) **Make sure pages 1, 2 and 3 are completed and signed.** The list of program(s) you provide at the bottom of page 1 and that are checked on page 2 must be authorized by a signature**;**
2) IT Customer Administration will contact you when a new ID is set up or changes are completed.

Do you have a User ID for ANY CDPHE application/resource? What is it? _____

Why are you completing this form? ☐ New system access ☐ renewal ☐ change name ☐ other change

Explain: _____

Agency or Organization	**CDPHE**
Division	
Section	

	PRINT Full Name – Including middle name	**Phone(s) used to contact user about new ID and password and reset passwords**
Applicant		**( ) -** **( ) -**
Applicant's Supervisor		**( ) -** **( ) -**

List programs or applications where access is needed **in addition** to those checked on page 2; list special considerations or concerns about access being requested. If developer or system administrator access is being requested, describe in detail the access request. _____

_____

_____

_____

_____

_____

Applicant Signature	**Title**	**Date**
Supervisor Signature	**Title**	**Date**

Applicant Name: _____ **Agency Name:** **CDPHE**

CDPHE LAN and Internal Applications Request Form

Complete this page if requesting new or changed access to CDPHE internal or State of Colorado applications. **For each information system checked below, you must get an authorizing signature before ITS can set up a new user ID. The authorizing signatures go on page 4, and a supplemental sheet can be added if more than six information systems are checked. An exception is the LAN ID; the supervisor signature on page 1 is sufficient. Attach KRONOS form if needed. GGCC TSO and CICS access is granted as appropriate for accessing other listed systems.**

I am a(n) ☐ Permanent, ☐ State Temporary, ☐ Agency Temporary, ☐ Contract Employee, ☐ Intern
Internet e-mail addresses are not automatically assigned for temporary, contract or intern employees. Permanent Employees will have both an internal and external (Internet) e-mail address. Employee will be contacted by IT Customer Administration when their external e-mail address has been confirmed with OIT. Please have your supervisor notify ITS upon a change in status.

I am transferring from: ☐ another Agency _____, ☐ another CDPHE Division _____

	Requested ID for CDPHE Access	**See for authorization:**
☐	LAN (Network) ID – **Addendum Form Required for the following divisions**	Supervisor: (no page 4 entry needed)
	☐ APCD Addendum Form	
	☐ HMWM Addendum Form	
	☐ LSD Addendum Form	
	☐ PSD Addendum Form	
	☐ WQCD Addendum Form	
☐	CACTIS-Web	APCD:
☐	COVIS ☐ Birth ☐ MMR	CHEIS:
☐	Death Index	CHEIS:
☐	Developer/System Admin	Describe on page 1; page 4 signed by database owner
☐	GIS	CHEIS:
☐	HMWM GIS Access	HMWM:
☐	VPN (Requires written justification – below)	ITS:
☐	**Other**_____	
☐	**SAS Software**	Contact DCEED or CDPHE Administrator
	Requested ID for other State Access	
☐	CICS COFRS	Controller:
☐	CICS	Supervisor:
☐	TSO (Please attach OIT Computer Usage & Data Security Form)	Supervisor:

VPN Justification:

_____

External E-mail: (Justification for Agency Temp, State Temp, Contract or Intern Employee)

_____

E-Mail distribution groups: _____
(NOTE: Agency Temps, Contract or Intern Employees do not receive access to any Department E-mail Groups)

Applicant Name: _____ **Agency Name:** **CDPHE**

Data Security, Use and Confidentiality Agreement

In consideration of my access to the Colorado Department of Public Health and Environment (CDPHE) secure website and information, I agree as to the following**. (Initial each statement and sign below.)**

_____ I understand that I am responsible to make every effort to prevent unauthorized users from gaining access to or using my user ID and password. I also agree to make every reasonable effort to prevent use of a computer for illegal or unethical purposes by all users, authorized or not.

_____ I agree to immediately report any suspected or actual unauthorized access to the Colorado Department of Public Health and Environment point of contact that manages the information.

_____ I will not share my password with any other person.

_____ I will not leave my password around my computer or where another person might easily locate it.

_____ I will change my password periodically and if I suspect it has been compromised. I will set up my passwords according to CDPHE guidelines for length and content.

_____ I understand that this is a "shared fate" environment. My fellow users and patients may be affected or confidentiality compromised by the activities of other users. Preventing such activity is the shared responsibility of all users.

_____ I agree to access only the information I need to do my job, and not to access or attempt to access files I am not authorized to use. I will not "browse" or otherwise use files or programs that exceed what is the minimum necessary to do my job. My use and disclosures of information will be consistent with those permitted by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws and rules.

_____ I agree **not** to discuss confidential information or provide copies of confidential reports, regardless of how or where acquired, to family members, friends, professional colleagues, other employees, other clients or any other person unless such person has been authorized to have access to that information. If unsure who is authorized to access the information, I will check with my supervisor or the CDPHE point of contact who manages the information.

_____ I understand that my access is granted for the purposes of public health and environmental protection. I will not use or disclose any data for any purpose or end inconsistent with the purposes of the system(s) for which access is granted. If I am unsure if any use or disclosure is permitted, I will discuss the issue with my supervisor and/or contact appropriate CDPHE program staff for further clarification.

_____ I will take precautions to protect confidential data displayed on my screen from viewing by others. This *may* mean re-positioning my computer screen, adding a device to limit other's view, turning off the computer when leaving the area or enabling password–protected screen savers. I will take reasonable and appropriate steps taking into account the staff and public access to my area and the nature of the data on the system.

_____ I understand that files I access may be protected from distribution by copyright or other applicable laws. CDPHE has exclusive copyrights in all original works of authorship created by its employees or contractors. This applies to both published and unpublished works, and includes, but is not limited to, written documents, charts, graphs, imagery and maps. Other entities' copyrighted works may also be accessible on this website. I will not reproduce, distribute or display these works without permission from CDPHE or another copyright owner.

_____ I understand that for audit or system security purposes, CDPHE may monitor all my activity.

_____ I understand that CDPHE may revoke my access at any time, with or without cause.

_____ I understand that any violation of federal, state, local or the program's confidentiality requirements or this Agreement will be considered a breach of my obligations and may result in disciplinary action, up to and including termination of employment, termination of contractual relationship and other remedies allowed by law during or after my employment or work with these data systems. For CDPHE and other state employees, discipline will be per the State of Colorado Personnel Rules.

_____ I understand that information contained in the CDPHE information systems is highly confidential and is protected from improper use and disclosure by applicable federal and state laws. I agree not to disclose confidential information in violation of CDPHE policy and applicable confidentiality laws. I have read and agree to comply with the CDPHE's policies and procedures concerning information security, secure website access and confidentiality, as may be revised and updated.

_____	_____	_____
Applicant Printed Name	**Applicant Signature**	**Date**
_____	_____	_____
Supervisor Printed Name	**Supervisor Signature**	**Date**

Applicant Name: _____ **Agency Name:** **CDPHE**

Add supplemental sheet if requesting access to more than six applications.

CDPHE Program Use Only				
Application Name/Role	**CDPHE Authorizing Staff Name**	**Date**	**Phone**	**Email**
Role:	**Print:** _____ **Sign:**		( ) -	
Role:	**Print:** _____ **Sign:**		( ) -	
Role:	**Print:** _____ **Sign:**		( ) -	
Role:	**Print:** _____ **Sign:**		( ) -	
Role:	**Print:** _____ **Sign:**		( ) -	
Role:	**Print:** _____ **Sign:**		( ) -	

CDPHE Authorizing Program Use Only (Instructions to ITS and Training Notes)

ITS USE ONLY

ITS Staff Person Completing This Set Up: _____

Assigned User ID: _____

Confirmation Emailed to
CDPHE Program Staff _____ **Date:** _____
Confirmation ONLY by Email

_____ _____
Signature – ITS Staff **Title**

Notes: _____

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