STATE OF COLORADO
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Please fill out online and print, deliver, mail or fax

Secure EXTERNAL User ID Form

Instructions: A letter on **agency letterhead, signed by the applicant's supervisor,** must accompany this form. Make certain **pages 1 and 2 are completed and signed. Complete the first lines only at the top of page 3.** The department completes the gray area on page 3. The list of program(s) provided at the top of page 3 is used to determine the applicant's access**.** An authorizing department staff member will contact the applicant when a new ID is set up or changes to an ID are completed.

Do you have a user ID for ANY department application? What is it? _____

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

	PRINT Full Name- including middle name	Changed	Phone(s) used to contact user about new ID and password and to reset passwords	Changed	E-mail address for general communications	Changed
Applicant			( ) - ( ) -			
Applicant's Supervisor			( ) - ( ) -			

	Please PRINT full address clearly. Must include a physical street address if a P.O. Box is used to receive mail.	changed
Agency or Organization		
P. O. Box		
Street Address (Not P.O. Box)		
2nd Address: Suite, Floor or Bldg #		
City, State and Zip Code		

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

Renewal User ID_____ **Agency Name:**

Colorado Department of Public Health and Environment

Data Security, Use and Confidentiality Agreement

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

_____ I understand that I am responsible for making 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 department 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 that 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 to 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 department 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 department 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. The department 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 also may be accessible on this Web site. I will not reproduce, distribute or display these works without permission from the department or another copyright owner.

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

_____ I understand that the department 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 the department and other state employees, discipline will be per the State of Colorado Personnel Rules.

_____ I understand that information contained in the department's 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 this agreement or applicable confidentiality laws.

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

Applicant Name: _____ **Agency Name:** Colorado Department of Public Health and Environment

Program(s) applicant requests access for (e.g., Special Needs, Communicable Disease and TB): _____
_____.

Check (√) box if this is a change. ☐

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

Department Authorizing Program Use Only (Instructions to ITS and Training Notes)
Indicate any known user ID:

ITS USE ONLY

ITS Staff Person Completing This Set Up: _____

Assigned User ID: _____

Confirmation Emailed to
Authorizing Program Staff: _____ **Date:** _____
Confirmation ONLY by e-mail

_____ _____
Signature – ITS Staff **Title**

Notes:
_____
_____