

DATABASE ACCESS REQUEST FORM

**This form must be typed or completed on your computer and printed out for signatures in order to be processed
All information should be completed with the exception of Fax and DCF Log-on where not applicable.**

1. REQUESTER INFORMATION:

Name: First: _____ MI: _____ Last: _____
User SSN: _____
*Contractor ID: _____ *Contractor Name: _____
* Not applicable for Private Providers or requests for IRAS
Provider ID: _____ Provider Name: _____
Region: SE Circuit: _____ County: _____ Phone: _____
Email: _____ Mailing Address: _____
Authorized IP address(es) from which you will be logging in to COC Module: _____
If you are requesting a waiver of the IP Address requirement, state your reason here: _____

DCF Issued Log-on (If already assigned one): _____

2. AUTHORIZATION SIGNATURES:

Supervisor's Name: _____
Supervisor's Signature: _____ Signature Date: _____
SAMH Regional Officer Name: Andrew McAllister
⇒ SAMH Regional Officers Signature: _____ Signature Date: _____
⇒ SAMH HQ Security Officer Signature: _____ Signature Date: _____

3. DATABASE SYSTEM(S) TO BE ACCESSED BY THE REQUESTER

- Concordia Portal SAMH Database Select > (SANDR, TANF) LOCUS CBA
 DC Aftercare Referral IRAS (Incident Reporting) CaLOCUS COC Module CCA

4. LEVEL AND ROLE OF THE REQUESTER:

a. SAMHIS Roles: (Choose one)

	Administrator	Staff
State		
Region/Circuit		
Contractor		
Sub-Contractor		
DC Facility		

b. IRAS Roles: (Choose one)

- Incident Coordinator

5. ACTION REQUESTED:

- Add New User Deactivate User Reactivate User Update User Information

6. CONFIDENTIALITY AND SECURITY REQUIREMENTS:

By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of this information as required by the following state and federal laws:

- 42 Code of Federal Regulation Part 2 and Part 142; 45 Code of Federal Regulation Parts 160 and 164;
Section 394.4615, Florida Statutes; Section 397.501(7), Florida Statutes;
Section 916.107(8), Florida Statutes; Section 282.318, Florida Statutes

I received: Security Awareness Training on: _____ HIPAA Training on: _____
(MMDDYYYY) (MMDDYYYY)

Requestor's Signature: _____ Signature Date: _____

- I understand the penalty provisions of Sections 7431, 7213 and 7213A of the Internal Revenue Code, which provide civil and criminal penalties for unauthorized inspection or disclosure of Federal Tax Information.
- I understand that Internal Revenue Code 6103(l)(7) provides confidentiality for FTI accessed for work related to the Social Security Act, the Food Stamp Act of 1977, or USC Title 38 and disclosure of this information is a confidentiality violation.
- I understand that DCF operating procedure CFOP 50-2, Security of Data and Information Technology Resources, outlines the processes for securely connecting to the department's network and securely using departmental data and other information technology resources, including how to report a security event.
- I understand it is the policy of DCF that no contract employee shall have access to Internal Revenue Service tax information or Florida Department of Law Enforcement managed Criminal Justice Information Security policy covered data (https://www.fbi.gov/file-repository/cjis-security-policy-v5_5_20160601-2-1.pdf), unless approved in writing, by name and position to access specified information, as authorized by regulation and/or statute.
- I understand it is the policy of DCF that I do not disclose personal passwords.
- I understand it is the policy of DCF that I do not obtain Department information for my own use or another person's personal use.
- I understand the viewing of employee or client data, even data that is not confidential or otherwise exempt from disclosure as a public record, without a business need constitutes misuse of access and is not acceptable and may be subject to discipline up to and including separation.
- I understand the Department of Children and Families will perform regular database queries to identify possible misuse of access.
- I will only access or view information or data for which I am authorized and have a legitimate business reason to see when performing my job duties. I shall maintain the integrity of all confidential and sensitive information accessed.

PRIVACY ACT STATEMENT: Disclosure of your social security number is voluntary, but must be provided in order to gain access to department systems. It is protected information pursuant to Section 282.318, Florida Statutes, the Security of Data and Information Technology Resources Act. The Department requests social security numbers to ensure secure access to data systems, prevent unauthorized access to confidential and sensitive information collected and stored by the Department, and provide a unique identifier in our systems.

Print Employee / System User Name

Signature Employee / System User

Date

Print Supervisor Name

Supervisor Signature

Date



State of Florida Department of Children and Families

SECURITY AGREEMENT

FOR DEPARTMENT OF CHILDREN AND FAMILIES (DCF) EMPLOYEES AND SYSTEMS USERS

The Department of Children and Families has authorized me:

Name

Employer/Office/Region

To have access to sensitive data using computer-related media (e.g., printed reports, system inquiry, on-line updates, electronic copies or any photographic or magnetic media).

By my signature below, I acknowledge my understanding a security violation may result in criminal prosecution according to the provisions of Federal and State statutes and may also result in disciplinary action against me according to the department's Standards of Conduct in the Employee Handbook. Also by signing below, I acknowledge that I have received, read, understand and agree to be bound by the following:

- I understand the Florida Computer Crimes Act, Chapter 815, Florida Statutes, prohibits individuals from willfully, knowingly, and without authorization from deleting important data, or accessing, disrupting, denying use, destroying, injuring, or introducing a virus/malware on a computer, computer system, or computer network, or modifying or destroying computer data, computer programs, or their supporting documentation. Violations are not acceptable and may be subject to discipline up to and including separation and/or criminal charges.
- I understand Chapter 119.0712, Florida Statutes, provides that all personal identifying information contained in records relating to an individual's personal health or eligibility for health-related services held by the Department of Health is confidential.
- I understand Chapter 119.0712, Florida Statutes, provides that personal information contained in a motor vehicle record is confidential pursuant to the federal Driver's Privacy Protection Act (DPPA) of 1994, 18 U.S.C. ss. 2721 et seq. Such information may be released only as authorized by that act.
- I understand that 45 CFR §155.260, Privacy and Security of Personally Identifiable Information, requires the DCF workforce to comply with all policies and procedures developed and implemented by DCF to protect the privacy and security of Personally Identifiable Information.