User ID and System Access Request Form (External)

Section 1 - User Information

DO NOT HANDWRITE IN SECTION 1

Agency Name: **OPWDD Agency ID:**

First Name: **MI:** **Last Name:**

Title: **Work Telephone:**

Work Address:

Street **City** **State** **Zip**

Agency Email:

Section 2 - OPWDD Access Request*

DO NOT HANDWRITE IN SECTION 2

Select an Action: Apply for Access

Select an Application: CHOICES

Select a Role: Select ONE option from dropdown menu

☐ **New User Account**

☐ **Additional Agency User Account**

OPWDD UserID or Previous Name

Section 3 - Statement of Use

To be read and signed by user requesting to use OPWDD application(s).

Users are responsible for ALL activity performed with their assigned OPWDD User ID. Use is limited to conducting official business involving OPWDD. Any use, authorized or not, constitutes express consent for authorized personnel to monitor, intercept, record, read, copy, access or capture such information for use or disclosure in any manner without additional prior notice. Users have no legitimate expectation of privacy during any use of OPWDD systems. Unauthorized use or attempted unauthorized use is not permitted and may constitute a federal or state crime. Such use may subject you to appropriate disciplinary and/or criminal action. Clinical information, including records that identify or tend to identify individuals served or proposed to be served by OPWDD and its certified providers, is confidential and can only be disclosed in accordance with Mental Hygiene Law 33.13, HIPAA, and OCS. By signing below, you confirm that you have read, agree, and understand the Section 3 Statement of Use, confirm you have provided your legal (first, middle initial, and last) name in Section 1 as well as confirm all information provided in Sections 1, 2 and 3 are correct.

User Signature ***(DO NOT COMPLETE THIS SECTION IF REVOKE IS CHOSEN IN SECTION 2)*** **Date**

Section 4 - Executive Approval

To be read and signed by Executive Director or Authorized Designee listed with OPWDD.

Executive Director or Authorized Designee listed with OPWDD is required to sign, print and date for request of access or any modification/reactivation for a Section 1 user. When employee is no longer employed with provider agency, it is the responsibility of the agency to submit a Close request at that time (Sections 1, 2 and 4 ONLY). Failure to do so may result in a potential HIPAA Violation. Requests for Revoke or Close of a specific application is an exception and may be signed by the user who is currently employed with the provider agency, supervisor OR manager in lieu of the Executive Director, with their name and title printed under their signature. By signing below, you confirm that you are listed with NYS OPWDD as an Executive Director or Authorized Designee for said agency notated in Section 1, you have read, understand and, agree with the above statement and authorize the processing of the request for access made in Section 2 by the user. Signature in Section 4 without a printed name will NOT be accepted.

Executive Director or Authorized Designee Signature **Date**

Executive Director Printed Name (or Authorized Designee Name and Job Title)

Section 5 - Secure NYS OPWDD Application Authorizer Approval (if required)

ONLY authorized OPWDD personnel should sign in this section. This section is solely intended for users who have chosen an application in Section 2 that has "Note Section 5 Authorizer Required". If you do NOT see this previously mentioned note in Section 2, please do NOT alter this section in any way.

NYS OPWDD Application Authorizer Signature and Printed Name **Date**

Form is REJECTED if sections 1 or 2 have ANY handwritten, false and/or missing pertinent information to process the request.

Submit completed form (that does NOT require section 5) or form related inquires to OPWDD IMS - External.Account.Provisioning@opwdd.ny.gov

Submit IR (IRMA) related requests or IRMA related inquiries to OPWDD IMU - Incident.Management@opwdd.ny.gov

Submit QI (DQIA) related requests or inquiries to - DQI.Correspondence.Unit@opwdd.ny.gov

Submit FA - Fire Portal requests or inquires to - Fire.Portal.Access@opwdd.ny.gov

Clear Form Print Form

User ID and System Access Request Form Instructions

The form is REJECTED if Sections 1 or 2 have ANY handwritten, false or missing pertinent information to process the request. Staff who have NOT officially started working at the agency should NOT request access to OPWDD systems.

Section 1 - User Information - Do NOT handwrite ANY information

Please type ALL information requested and do NOT leave any box blank if requesting to use secure OPWDD application(s). Provide your LEGAL first name, middle initial and last name. If you have no LEGAL middle name, type an “X”. User must submit their form and confirm they do not legally have a middle name OR the middle name begins with an “X” within the body of the e-mail submission.

Section 2 - OPWDD Access Request - Do NOT handwrite ANY information

Part 1 - Select ONE action from the 'Select an Action' dropdown menu.

Part 2 - Select ONE application from the 'Select an Application' dropdown menu.

Part 3 - If CHOICES is the selected application, select ONE role from the 'Select a Role' dropdown menu.

Part 4 - Choose One - "New User Account" or "Additional User Account"

External Provisioning staff cannot provide the application needed nor a description of the applications.

Section 3 - Statement of Use

User should double check all information in Sections 1 and 2 if they did not complete those sections. User needs to read, sign and date. If “Revoke” is chosen in Section 2, do NOT make any notation/marks/notes in Section 3. Do nothing in Section 3.

Section 4 - Executive Approval

Obtain the signature and printed name of the Executive Director or Authorized designee listed with OPWDD, along with the date. Submit the completed form to the appropriate unit listed at the bottom of the form; do not submit this page. Do NOT submit to the wrong unit or multiple units.

Section 5 - Secure NYS OPWDD Application Authorizer Approval (if required)

This section to be completed by a NYS employee ONLY and only if the Section 2 application chosen states that Section 5 is required.