User ID and System Access Request Form (External)

Section 1 - User Information

Please use form with Adobe Reader version XI or earlier. ***Please 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 Code

User's Agency E-Mail:

Section 2 - OPWDD User ID & Access Request*

Please do NOT handwrite information in Section 2. Please read ALL messages.

OPWDD USER ID Status: Select ONE option from drop down menu

Application Access Request: ☐ **Grant** ☐ **Modify Role** ☐ **Revoke**

SharePoint Site Name:

Select ONE application from drop down

IRMA Role/Filter needed *(Role = level of access and Filter = DDSO or DDSOs needed)*

NOTE: Section 2 Field(s) and helpful messages will appear based on selection(s) made when using Adobe software. Difficulty will occur when using non-Adobe software.

Section 3 - Statement of Use

(To be read and signed by user agreeing to statement of Use. Void section 3 if request is "Close" or "Revoke").

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 Sec. 33.13, HIPAA, and OCS. **By signing below, you confirm that you have read, agree and understand the Section 3 "Statement of Use" and confirm all information listed in Section one (1) and two (2) are correct.**

User Signature **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 when request of access or any modification /reactivation for section one (1) user. **Unclear signature without a printed name will NOT be accepted.** 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 **CLOSE** OR **Revoke** of a specific application 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 have read, understand, agree with the above statement and authorize the processing of the request made in Section two (2).**

Executive Director Signature ***(or Authorized Designee signature)*** **Date**

Executive Director printed Name ***(or Authorized Designee Name and Job Title)***

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

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.

Application Authorizer Signature and Printed Name **Date**

Select Application Authorizer from Drop down menu

Application Authorizer

Please do NOT complete this form for a forgotten OPWDD User ID and/or forgotten password, please use the MYOPWDD (https://my.opwdd.ny.gov) "forgot" links.
If you are unsure if you have an OPWDD User ID, please either use the "forgot" link on MYOPWDD (link above) or contact the help desk.

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 form or IRMA related inquiries to OPWDD IMU - Incident.management@opwdd.ny.gov

Submit SV-Respite related form to your DDSO's FSS Coordinator (A list of FSS Coordinators can be found on the OPWDD web site).

Clear Form Print Form