User ID and System Access Request Form (External)

Please TYPE all information where allowed. Do NOT handwrite information.

Section 1 - User Information

Agency Name: OPWDD Agency ID:

First Name: Mi: Last Name:

Title: Work Telephone: (Include area code)

Work Address:

Street , City, State Zip

User's Agency E-Mail:

Section 2 - OPWDD User ID & Access Requests *(Please read carefully and follow all instructions)*

OPWDD User ID Status: 1

**If Reactivate Access or Name Change is chosen, please do NOT select any options below.*

Application Access request: ☐ *Grant ☐ *Revoke ☐ *Modify Role 1

**Grant, Revoke or Modify Role will apply ONLY to the ONE application chosen from the drop down menu and MUST be checked if an application is chosen from the drop down menu.*

Please do NOT select above options and/or from drop down menus above and do NOT complete Section 3 if "CLOSE OPWDD User ID" is chosen.

☐ ***CLOSE OPWDD User ID:** *(Close will DELETE ALL ACCESS to ALL applications the user has access to. Please do NOT enter an invalid OPWDD User ID)*

Section 3 - Statement of Use *(To be read and signed by User agreeing to the statement of use)*

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) is 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 requesting 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, or no longer needs to access OPWDD applications, it is the responsibility of the agency to submit a CLOSE request at that time (Sections 1, 2 and 4 ONLY). 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 the above statement and authorize the processing of the request made in Section two (2).**

Executive Director Signature Date

Type Executive Director Name

Section 5 - Secure OPWDD Application Authorizer Approval (if required * See below instructions for submission)

***Note - Section 5 Signature requirement - forward to appropriate OPWDD Application authorizer for approval of access before submission to OPWDD IMS**

Application Authorizer Signature Date

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Application Authorizer Printed Name

Please review form to ensure it is completed properly, all necessary information is present and correct. If User ID is notated in section 2, please make sure it is related to the User, Agency Name and Agency ID notated in section 1. An incomplete, illegible or invalid form cannot be processed and will be rejected. Please be sure to submit to the appropriate unit ONLY.

~E-mail completed form, that does NOT require section 5 signature, to OPWDD IMS: external.account.provisioning@opwdd.ny.gov

~Requests for all IRMA/IRMA related applications must be e-mailed directly to incident.management@opwdd.ny.gov for section 5 signature.

~Requests for SV Respite must be sent to your DDSO's FSS Coordinator for Section 5 signature.

Clear Form Print Form