# User ID and System Access Request Form (External)

## Section 1 - User Information

Agency Name: OPWDD Agency ID:

First Name: Mi: Last Name:

Title: Work Telephone:

Work Address:

Street , City, State Zip

User's Agency E-Mail, if known:

## Section 2 - OPWDD User ID & Access Requests

OPWDD User ID:

(In above box enter UserID for all requests except Open*).

Additional USER ID Required for Multiple Agency Use: Yes No

OPWDD User ID request (if required): Open* Close ** Reset Password

** Close will delete all access to all applications

Application Access request: Grant Revoke *** Modify Role

*** Revoke will remove access to just this one application

## 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.

**I have read and understand the above Statement of Use.**

User Signature Date

## Section 4 - Executive Approval

*(To be read and signed by Executive Director or designee agreeing to the statement)*

When an employee's employment with a Provider Agency is terminated, the Executive Director, the OPWDD "sponsor," or the Application Owner or designee is responsible for completion and submission of this form to close the individual's account.

Executive Director Signature Date

Type Executive Director Name

## Section 5 - Secure Application Authorizer Approval (if required, *see below instructions for submission)

Application Authorizer Signature Date

Select or type Application Authorizer Name

***Note - Section 5 Signature requirement- forward to an OPWDD Application authorizer for approval before submission to OPWDD IMS.**

Scan and send completed forms to OPWDD IMS via e-mail @ external.account.provisioning@opwdd.ny.gov or fax to 518-381-2191.

**Requests for all IRMA applications must be emailed directly to incident.management@opwdd.ny.gov**

Clear Form Print Form