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:

Section 2 - OPWDD User ID & Access Requests

OPWDD User ID:

Enter UserID related to this request

☐ I DO NOT have an OPWDD User ID ☐ I DO have an OPWDD User ID

☐ I need an Additional OPWDD User ID for an additional agency ID ☐ Reactivate access ☐ Name Change from_____

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

* Revoke will remove access to just this one application

☐ CLOSE OPWDD User ID (Close will DELETE ALL ACCESS to ALL applications. Please DO NOT select above options and/or from drop down menu)

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 authorized designee as 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, it is the responsibility of the agency to submit a CLOSE request at that time. 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.

Executive Director Signature Date

Type Executive Director Name

Official New York State Use Only

Section 5 - Secure OPWDD 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

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

Requests for SV Respite must be sent to your DDSOs FSS Coordinator

Clear Form Print Form