

**Office of Mental Health
Department of Health and Hospitals**

OMHIS User Confidentiality/Security non-disclosure Agreement¹

Non-DHH User
(Created 06/20/2007)

I understand that I may have access to written and/or automated confidential information, and/or records, concerning patients in the OMH Integrated Information System, in order that I may perform my current job duties. I further understand and agree that I am not to use or disclose confidential information and/or records for any other purpose than my immediate clinical use without prior consent of the Department of Health & Hospitals (DHH) Office of Mental Health.

I understand that all user IDs, passwords, and/or devices to access data are issued on an individual basis. I further understand that I am solely responsible for all information obtained, through system access, using my unique identification. At no time will I allow use of my user ID, password, and/or device by another person.

I understand that accessing or disclosing confidential information and/or records, or causing confidential information and/or records to be accessed or released, outside the scope of my assigned job duties, would constitute a violation of this agreement; HIPAA rules/regulations; will result in termination of my access rights to OMHIS; and a report made to the appropriate authorities within my organization.

By affixing my signature to this document I acknowledge that there are laws, regulations and policies concerning access, use, maintenance and disclosure of confidential information and/or records. I further agree that it is my responsibility to assure the confidentiality of all information which I may have accessed even after my employment with my organization has ended.

I certify by my signature that I understand the scope and nature of this agreement:

Signature

___/___/___
Date

Facility Contact / Monitor Signature

___/___/___
Date

¹ Form ID A2a. This form is the accompanying document for form A1a (New User Registration Form for Non-DHH User).