

Office of Mental Health
Department of Health and Hospitals
OMHHS Internet Access/Security non-disclosure Agreement¹
(Revised 01/08/2006)

I _____, am requesting that my user account in OMHHS be allowed to gain entry into the system via the internet. I understand that I am only to access the OMHHS system for work related purposes and in areas that are suitable to maintaining privacy to the information on display.

OMHHS Login ID Needing Internet Access: _____

I certify by my signature that I understand this agreement:

Signature

____/____/____
Date

Supervisor/Contract Monitor Signature

____/____/____
Date

Manager/Director Signature

____/____/____
Date

DPO Signature

____/____/____
Date
