

**Office of Mental Health  
Department of Health and Hospitals  
OMHIIS Internet Access/Security non-disclosure Agreement  
**Non-DHH User**  
(Created 06/20/2007)**

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

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

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Facility Contact / Monitor Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date