

DHS Systems Security Access Request (v. 06/22/2011)
Business Affiliate Users

For HELP in completing this form, call 501-320-3911.

INSTRUCTIONS: See Page 5. This form is for use by DHS Business Affiliates only.

ROUTING: (1) Completed form must be sent to your DHS Division's approving manager.
 (2) Submit: [https://dhsshare.arkansas.gov/Security/Lists/DHS3595002 Submission/NewForm.aspx](https://dhsshare.arkansas.gov/Security/Lists/DHS3595002%20Submission/NewForm.aspx)

User/ Contract Agent/ Contractor/ Business Affiliate defined:
 See INSTRUCTIONS, Page 5.

YOUR RESPONSIBILITIES: Your signature on this form (Page 3) holds you responsible for certain things. This applies to the User, Contract Agent, Contractor/Business Affiliate, and the authorizing DHS approving manager. Penalties may be applied for failure to comply. Carefully read the Signature page to be sure you understand your responsibilities.

INCOMPLETE/INACCURATE FORMS: Incomplete forms or forms containing invalid information will be returned for correction.

A. USER IDENTIFICATION

Ⓡ Indicates required entries. Incomplete forms will be returned.

Business Associate User (Users who are not DHS Employees):

Ⓡ Full SSN:

Ⓡ Legal First Name:

Ⓡ Legal Middle Name:

Ⓡ Legal Last Name:

Ⓡ Organization Name:

Ⓡ Organization Address:

Ⓡ Associate Type:

Contractor

Grant

Intern

Provider

Temp

Volunteer

Other

Location & Contact Information:

Ⓡ DHS Division you work for or are affiliated with: DBHS

Ⓡ Your Location: (County Office/Institution/Facility/Building Name) Saline Arkansas Health Center

Ⓡ Your Work Mailing Address: 6701 HWY 67 Benton, AR 72015

Ⓡ Your Work Contact Phone: (501) 860-0831

Ext:

Ⓡ Contact Days/Hours: 24/7

Ⓡ Email Address (not DHS, in case we need to contact you):

Ⓡ **GEOGRAPHIC ACCESS:** List County Offices or Facilities for which user requires access.

Ⓡ **ACCESS HOURS:** If access is required after normal business hours, describe requirements.

B. ACTION REQUESTED

NEW USER

CHANGE

DELETE

Describe in your own words the reason for this request. Describe what access and services this user needs: MATRIX-electronic health record

USER'S GENERAL BUSINESS OR PROGRAM AREA: To help us set up appropriate access and permissions, please describe the user's general business or program responsibility. Examples: "Non-DHS JTS user at provider site"; "Need same network shares as DAAS manager John Doe;" etc.

Additional Comments: my personal email:

C. SERVICE REQUEST: For HELP in completing this form, call 501-320-3911.

Basic Service:	<input type="checkbox"/> New Network Account	<input type="checkbox"/> New Email Account
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OTHER NETWORK SERVICES :

<input type="checkbox"/> Delete Network account: Effective Date:	<input type="checkbox"/> Dial-up/DSL/Other access	<input type="checkbox"/> Secure FTP account
<input type="checkbox"/> DHS Portal Access	<input type="checkbox"/> Imaging system (Edoctus) -- Specify any access restrictions:	
<input type="checkbox"/> RDC access	<input type="checkbox"/> Access to Share(s) or Folder(s): If known, indicate which share/folder and read or read/write access.	

MAINFRAME LOGON & MAINFRAME APPLICATIONS: Check application(s) to which user needs access

<input type="checkbox"/> Mainframe Logon Access (CICS)	Changes: Your current Mainframe User ID		
<input type="checkbox"/> DDS Mainframe	<input type="checkbox"/> DDS Pharmacy	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Overpayments
DCO: Access needed for these applications		<input type="checkbox"/> ACES	<input type="checkbox"/> FACTS
DCO: User works with these programs		<input type="checkbox"/> FS	<input type="checkbox"/> TEA
DCO: Indicate User's Functional Job Title and what level of access needed		<input type="checkbox"/> Medicaid	<input type="checkbox"/> Med Waiver
		<input type="checkbox"/> LTC	<input type="checkbox"/> Foster Care

SYSTEM APPLICATIONS: For questions contact your Division's systems coordinator.

APPLICATION SPECIFIC INFORMATION: These DHS Applications require additional information, as indicated.

<input type="checkbox"/> IRIS (Incident Reporting Information System)	Job Title:
<input type="checkbox"/> ANSWER User – Check one:	<input type="checkbox"/> Worker
	<input type="checkbox"/> New Worker
	<input type="checkbox"/> Service Manager
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Limited Inquiry
ANSWER User – User's Functional Job Title:	
ANSWER User – Check one:	Assign Tasks: <input type="checkbox"/> Yes <input type="checkbox"/> No
ANSWER User – Check for access	<input type="checkbox"/> EPPIC (EBT) <input type="checkbox"/> FRMS
<input type="checkbox"/> ASH – Select all that apply:	<input type="checkbox"/> ACUITY <input type="checkbox"/> ESSENTIA <input type="checkbox"/> Clinician Code
ASH:	Degree: Hire Date:
<input type="checkbox"/> CHRIS	User's Employment Date: User's Education Level: Position Title:
<input type="checkbox"/> SOLQ	Date of ASP Criminal Background Check: Location of CBC Report:
<input type="checkbox"/> KidCare	<input type="checkbox"/> UCD
<input type="checkbox"/> Other Applications	Specify application name:

ACCESS ARKANSAS TEMPLATES:

<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_AccessArkansas_DCOUserSupervisor		
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_AccessArkansas_DCOUserCaseWorker		
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_AccessArkansas_DCOUserClerical		
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_AccessArkansas_DCCECEUserSupervisor		
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_AccessArkansas_DCCECEUserCaseWorker		
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_AccessArkansas_DCCECEUserClerical		
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_AccessArkansas_DriversLicenseSrv		

DATA WAREHOUSE TEMPLATES:

<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWMGRAppUser	<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWDOVAppUser
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWDAASAppUser	<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWDSBAppUser
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWDBHSAAppUser	<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWDYSAppUser
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWDCCECEAppUser	<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWOFAppUser
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWDCFSAAppUser	<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWOPPAAppUser
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWDCOAppUser	<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWQQAAppUser
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWDDSAppUser		
<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWDMSAppUser	<input type="checkbox"/> Add / <input type="checkbox"/> Remove	ROL_EDWAppSuperUser

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D.1. USER's Signature		® Indicates Required Entries
YOUR RESPONSIBILITIES: By signing below, you attest that the information you have provided is true and correct. Both criminal and civil penalties as well as employee disciplinary actions may be applied for misrepresentations or inaccuracies. Carefully read the details of this agreement (Page 4), to be sure you understand your responsibilities.		
USER's CERTIFICATION: I certify that I have read, understand and agree to the terms of Section E, Security Agreement & Confidentiality Statement, detailed on Page 4 of this form.		
® User's Signature:	® Date:	
® Indicates Required Entries. Incomplete forms will be returned.		

D.2. CONTRACTOR or BUSINESS AFFILIATE's Signature		® Indicates Required Entries
BUSINESS AFFILIATE's RESPONSIBILITIES: By signing below, you attest that the corporation you represent has provided true and accurate information. Criminal, civil and Contractual penalties may be applied for misrepresentations or inaccuracies. Carefully read the details of this agreement (Page 4), to be sure you understand your responsibilities.		
BUSINESS AFFILIATE's CERTIFICATION: I certify that I have read, understand and agree to the terms in Section E, Security Agreement & Confidentiality Statement detailed, on Page 4 of this form.		
® Indicates Required Entries. Incomplete forms will be returned.		
® Business Affiliate's Signature:	® Date:	
® Business Affiliate's Printed Name:		
® Business Affiliate's Email Address:	® Business Affiliate's Phone Number:	
A current list of business affiliates can be found here: https://dhsshare.arkansas.gov/Security/Lists/ADAMS/AllItems.aspx		

D.3. AUTHORIZED DHS APPROVING MANAGER'S (ADAM) Signature		® Indicates Required Entries
ADAM's RESPONSIBILITIES: By signing below, you attest that the information you have provided is true and correct. Both criminal and civil penalties as well as employee disciplinary actions may be applied for misrepresentations or inaccuracies. , Carefully read the details of this agreement (Page 4), to be sure you understand your responsibilities.		
ADAM's CERTIFICATION: My signature, below, certifies that I have read, understand and agree to all terms of Section E, Security Agreement & Confidentiality Statement, detailed on Page 4 of this form.		
® Indicates Required Entries. Incomplete forms will be returned.		
® Authorized DHS Approving Manager's Signature:	® Date:	
® Authorized DHS Approving Manager's Printed Name: Monica Moore		
® Authorized DHS Approving Manager's AASIS Number:	® Phone Number:	
A current list of ADAM's can be found here: https://dhsshare.arkansas.gov/Security/Lists/ADAMS/AllItems.aspx		

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E. Security Agreement and Confidentiality Statement

USER's and BUSINESS AFFILIATE's CERTIFICATION

Restricted Access:

The Department of Human Services (DHS), Office of Systems & Technology (OST), manages access to the DHS Information Systems Network. Access is restricted to use for official business purposes only. The DHS CIO may terminate any level of user access without notice. Access is contingent on the following: (1) provision of User identification information; (2) provision of identification validation upon request; (3) User certification of the Security Agreement and Confidentiality Statement; (4) Certification signatures of Contract Agent and DHS Approving Manager.

State of Arkansas Property:

The State of Arkansas holds a proprietary interest in all state-furnished computer equipment, approved software, and associated data. All such computer equipment, software, or data, is restricted to use by authorized persons for official business purposes only.

Appropriate Use & No Expectation of Privacy:

Users and Contractors accept responsibility for appropriate use of DHS Information Systems. Users' PCs, network activity, email, and internet usage may be monitored to detect improper use or illicit activity. **User understands that User may hold to no expectation of privacy in the use of state-furnished computer equipment or DHS Information Systems. Improper or illicit usage will be investigated and reported to DHS management and law enforcement.**

Password Protection Rules:

User and Contractors understand and agree to the following: (1) User ID and password allows access to DHS Information Systems; (2) User agrees to take all necessary measures to safeguard the security of the User ID and password; (3) User will not share passwords nor use them in a manner that compromises the security of DHS Information Systems; (4) User will be held accountable for any unauthorized use of User's password; (5) User shall immediately report any compromise of password security to dhs-it-security@arkansas.gov.

Confidentiality Rules:

User and Contractor understand it is a violation of state and federal law to use, or to permit the use, or to fail to safeguard the security of client information in any way that jeopardizes its confidentiality. User and Contractor are subject to DHS policies pertaining to the safeguarding of sensitive information; appropriate use of state equipment and the use of electronic communication services. User understands that he/she is subject to all related penalties provided for by DHS policy and state and federal law. Penalties may be applied for unauthorized access or unofficial use, including civil and/or criminal prosecution and all remedies available to DHS.

Training Requirements:

User and Contractor understand DHS Information Systems Security training must be completed for continued access to DHS Network services. Business Affiliate Users must complete training within 30 days after acquiring access and complete refresher training annually.

CONTRACTOR/ BUSINESS AFFILIATE's CERTIFICATION

Authorized Contract Agent:

My signature at paragraph D.3. certifies that I am authorized to approve this User's request for DHS Information Systems access and I am the authorized contract agent, or contract agent-designee, for the DHS Business Affiliate represented in this request. In addition, I certify to the following information:

User Information and Notification:

The User, for whom this request is made, is a Contractor or Business Affiliate in good standing of the division or office I represent. I certify that the identifying information provided in this request is accurate and complete and that this User has a legitimate and official purpose for accessing the services and systems specified. I have reviewed the Security Agreement and Confidentiality Statement with this User, I have apprised this User of DHS policies pertaining to the appropriate use of state equipment and systems services, and I certify this User has received DHS Information Systems Security training and HIPAA privacy training within the required time frames.

Providing DHS with Notice to Terminate Access:

I agree to immediately notify DHS, at dhs-it-security@arkansas.gov, of any material change in this User's employment status that relates to access to DHS Information systems. Failure to provide such notification shall subject the Contractor, whether individual or entity, to all legal remedies available to DHS. This notice requirement is applicable to all members of the contractor's workforce, including volunteers, who have been given access to DHS Information Systems.

AUTHORIZED DHS APPROVING MANAGER'S CERTIFICATION

My signature at paragraph D.3. certifies that I am a DHS manager and I am authorized by the DHS Division with which I am affiliated to approve this request for access to DHS Information Systems. The User, for whom this request is made, has been verified to be a member of an approved DHS Business Affiliate (BA). DHS has a formal agreement with this BA to permit access to DHS Information Systems and to safeguard protected information. This BA satisfactorily meets my Division or Office requirements for collecting accurate user identification information, for certifying that this User has a legitimate and official purpose for the access requested, for ensuring completion of DHS Information Systems Security and HIPAA Privacy training, and is a Contractor/ BA in good standing.

I agree to immediately notify DHS, at dhs-it-security@arkansas.gov, of any material change in this User's employment status that relates to access to DHS Information systems. This notice requirement is applicable to all members of the BA's workforce, including volunteers, who have been given access to DHS Information Systems.

INSTRUCTIONS

PURPOSE: This form may be used to request access to the DHS Network and DHS Information Systems. This version may be used only by DHS Business Affiliates (persons who are not DHS employees).

ASSISTANCE: For help in completing this form call 501-320-3911.

COMMENTS and ANNOTATIONS: Comment and annotate freely on this form to help communicate User access needs.

Electronic completion: This form is not intended for electronic completion or emailing.

Routing:

(1) Completed form must be sent to your DHS Division's approving manager.

(2) Upon approval, DHS approving manager must scan the document as a PDF and submit to:
[https://dhsshare.arkansas.gov/Security/Lists/DHS3595002 Submission/NewForm.aspx](https://dhsshare.arkansas.gov/Security/Lists/DHS3595002%20Submission/NewForm.aspx)

Password/Logon Problems: Call DIS CallCenter PH: 501-682-HELP, or 1-800-435-7989, or Email DIS.CallCenter@arkansas.gov. Arkansas Dept of Health (ADH) network users ONLY: Call PH: 501-280-4357, or 1-800-441-9232.

User/ Contractor/ Contract Agent/ Business Affiliate defined:

For the purpose of this audit and re-authorization, User, Contract Agent, Contractor/ Business Affiliate are defined as follows:

- User: Person who has been duly authorized to have access to DHS Information Systems.
- Contractor/ Business Affiliate: Any person, organization or entity, with whom DHS has a contractual relationship is referred to as Contractor, or with whom DHS has a business relationship is referred to as Business Affiliate. The terms Contractor and Business Affiliate may be used interchangeably to refer to any User of DHS Information Systems who is not a DHS employee, including Contractors, Providers, Volunteers, employees of other state or federal agencies, and persons working with DHS as Temps, Interns, or Grant placements.
- Contract Agent is the person designated by Contractor or Business Affiliate to authorize its contractual terms and to transact its business relationship with DHS.
- A current list of business affiliates can be found here: <https://dhsshare.arkansas.gov/Security/Lists/ADAMS/AllItems.aspx>

ADAM Instructions: An ADAM (Authorized DHS Approving Manager) is a DHS manager who has been authorized by the Division, with which he/she is affiliated, to approve requests for security access to DHS Network Services and DHS applications. Questions about designation of ADAMs may be directed to the DHS Office of Systems & Technology. A current list of ADAM's can be found here: <https://dhsshare.arkansas.gov/Security/Lists/ADAMS/AllItems.aspx>

Required Fields: Fields marked with the symbol ® are required. Forms submitted without these fields completed will be returned to sender. Returned forms increase processing time and may result in a delay of providing the requested access.