

**OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES (ODMRDD)
INDIVIDUAL AFFIDAVIT ON DATA SECURITY AND CONFIDENTIALITY FOR THE:
WAIVER PROVIDERS**

INSTRUCTIONS FOR FILLING OUT THE SECURITY AFFIDAVIT

Request type:

Enter a checkmark or an X in the box next to the type of request you are submitting. The options are:

New user: User who does not already have a User Name for accessing the ODMRDD system.

Renewal: Annual renewal for existing authorization. You must check each system you want to renew. If a system is left unchecked on the renewal affidavit, your access to that system will be revoked.

Add System: Add a system not already requested on a previous affidavit.

Change Personal Info: Change or correct name (include previous name and new name), email address, or phone number.

Revoke: Remove select systems from a user or remove all systems because of a termination of employment.

Phone Number (required):

Enter the phone number where you can be reached most readily during the day or where a message can be left.

Name of Agency:

If you work for a Provider Agency, enter the name of the agency here. If you do not work for an agency, leave this field blank.

Name of Director or CEO:

If you work for a Provider Agency, enter the name of the agency Director or CEO. If you do not work for an agency, leave this field blank.

Name (required):

Enter your last name first, then your first name and then your middle initial.

Contract Number (required):

This is the 7 digit provider number given to you or your agency by ODMRDD. It is **not** the same as the 7 digit Medicaid number given to you or your agency by ODJFS.

Street Address, City, State, Zip Code (required):

This is the mailing address of the individual provider or the mailing address of the agency you work for.

Email address (required):

This must be an individual email address (not a shared email account) because logins and passwords will be sent to this address. Your agreement with the state requires you to keep logins and passwords confidential (see #8 under the ODMRDD Data Security and Confidentiality Agreement as stated on the affidavit). **You must confirm this by putting a checkmark or X in the box next to the statement certifying the email is an individual account.**

Systems to be Accessed (required):

You are entitled to have and will be given access to the following ODMRDD computer systems and their corresponding reports:

MBS – Medicaid Billing System (on-line billing for services)

PAWS – Payment Authorization for Waiver Services (waiver information including services available to consumer)

CRN_PUTX – Cognos ReportNet Paws Utilization Report (shows amounts billed vs. total amounts authorized)

CRN_PCNFR – Cognos ReportNet Paws Confirmation Report (shows current PAWS plan information)

CRN_ITSProv – Cognos ReportNet (report for those providers requesting ITS access)

ITS – Incident Tracking Systems (lists any MUI affecting a consumer for which you provide services)

PCU_USER – Provider Certification Update (to update provider information on the ODMRDD web site)

DRAUser – Daily Rate Application (add actual services provided)

ODMRDD Data Security and Confidentiality Agreement:

- Once you have read and understand the policy, sign and date the affidavit, then fax it to 614-752-4673 or mail it to: Security Administrator, ODMRDD, 30 East Broad Street, Suite 1220, Columbus, OH, 43215-3434.
- An affidavit that is unsigned or has any required fields left blank will not be processed.
- If you have questions about the policy, email your questions to security.support@odmrdd.state.oh.us . Be sure to include a phone number where we can reach you, if necessary.

**Instruction: Complete this form and fax to ODMRDD at 614-752-4673 or mail the original to:
Security Administrator, ODMRDD, 30 East Broad Street, Suite 1220, Columbus, OH 43215-3434**

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Request Type: <input type="checkbox"/> New User <input type="checkbox"/> Add System <input type="checkbox"/> Renewal		*Phone Number																
<input type="checkbox"/> Change of Personal Info <input type="checkbox"/> Revoke (/ /)																		
IF REVOKING ACCESS, GIVE REASON: <input type="checkbox"/> Retired <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated																		
Transferred <input type="checkbox"/>									Other <input type="checkbox"/>									
Name of Agency (if applicable)									Agency Director ,CEO, HR Dept./ contact phone number (if applicable)									
*Name: Last, First, MI									*Contract number or Billing Submitter number:									
*Street Address									*City			*State			*Zip Code			
*Email Address:									* <input type="checkbox"/> I certify that the listed email address is my personal email address and not a group or shared email.									
Systems To Be Accessed: 1) MBS 2) PAWS 3) CRN_REPORTS 4) ITS 5) PCU_USER 6) DRA																		
FOR DIS USE ONLY																		
Verified _____ / _____ Completed _____ / _____																		
Userid _____ Beg. Date (_____ / _____ / _____) End Date (_____ / _____ / _____)																		

*required

ODMRDD Data Security and Confidentiality Agreement

Security and confidentiality are a matter of concern for all users of Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) information systems and all other persons who have access to ODMRDD confidential data. Each person authorized to access ODMRDD systems holds a position of trust relative to this information and must recognize the responsibilities entrusted to him in preserving the security and confidentiality of this information. Confidentiality requirements contained in law include, but are not limited to, ORC sections 5123.62(T), 5123.89 and 5126.044. An authorized user's conduct, either on or off the job, may threaten the security and confidentiality of this information. It is the responsibility of every user to understand and comply with the following:

1. You must not make or permit unauthorized uses, nor violate the confidentiality or privacy, of any information in files maintained by ODMRDD.
2. You must not seek to benefit personally or permit others to benefit personally by any confidential information that has come to you by virtue of your work duties.
3. You must not exhibit or divulge the contents of any record to any person except in the conduct of your work duties or in accordance with the policies of ODMRDD.
4. You must not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
5. You must not delete or cause to be deleted any official record or report from any file from the system where it is stored except when required in the performance of your duties.
6. You must not access or request others to access any ODMRDD or Ohio Data Network system for personal business.
7. You must not violate rules and regulations concerning access to controlled areas.
8. You must not divulge or share any security codes (i.e., user-names, passwords, etc.) used to access any secured files.
9. You must immediately report any violation of this policy by anyone to the ODMRDD/DITS Security Manager.
10. You must not aid, abet or act in conspiracy with another to violate any part of this policy.
11. You must agree to follow all applicable ODMRDD policies and procedures pertaining to the use of ODMRDD or Ohio Data Network computer software and hardware.

Any Violations Of This Agreement May Result In the Cancellation of your Security Access and Possible Referral to the Office of the Attorney General for its Disposition Pursuant To All Applicable Laws and Rules

*I have read and understand the ODMRDD policy on the data security and confidentiality.

*User Signature

Date

MR-9993 (07/07)

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