DPHHS-OM-300A (Rev. 05/2016)

STATE OF MONTANA Department of Public Health and Human Services

FAX completed form, within three (3) working days, to TSD/NCB Network Security Unit at (406) 444-5924 If fax not available, please mail to: 111 N Sanders, Rm 204, Helena MT 59620 (Original form not required if faxed)

DPHHS EMPLOYEE SYSTEM/FILE ACCESS REQUEST

* Denotes Required Fields

* LEGAL Name of Individual Requiring Access:			
(Please Print) First	MI Last		
Logon ID:	Create Logon ID:		
* Start Date:	End Date (if applicable):		
Employed/worked with DPHHS before:	Transferring from another DPHHS Division:		
Other Name(s) Used (Maiden or previous married name)	_		
Department: DPHHS	* Work Phone:		
* Work Address:			
	County: Job Title:		
* Please list access requested here:			
* Justification (Give a brief description as to why access is needed):			
CONFIDENTIALITY/CONSENT STATEMENT: (<i>To be read and signed by the individual requiring access.</i>) I hereby certify that I am entitled to the confidential client information to which I am requesting access. I will not release the confidential information to others unless it is for purposes directly connected to the administration of the program for whose			
			information may only be done upon authorization by the client whose
privacy interest is involved or it may be released to others in	f specifically permitted by law. I understand that a violation of this		
policy will subject me to disciplinary action, which may inc			
I have read the DPHHS Internet Policy, Information Security & Data Access Policy, and the State of Montana's Computer Use Policies (Section PL4) and I agree to comply with all terms and conditions. These policies can be found electronically at the following link. https://dphhs.mt.gov/tsd/securityforms I agree that all network activity conducted while doing State business and being conducted with State resources is the			
		property of the State of Montana. I understand that the State and Department reserve the right to monitor and log <u>all</u> network	
		activity including E-mail and Internet use, with or without in of these resources.	notice, and therefore, I should have no expectations of privacy in the us
* Signature of Employee:	Date:		
* Printed Name of Supervisor:	Phone:		
* Signature of Supervisor:	Date:		
This space to be completed by Data Owner(s) (if applicable)			
Printed Name of Data Owner:			
Data Owner Signature:	Date:		
Printed Name of Data Owner:			
Data Owner Signature:			
This space to be completed by DPHHS Network Security Uni	t		
DPHHS Security Officer:	Date:		