**Dual NCID System Access Request for County Employees Working in Multiple Programs**

Email this completed form to NC FAST Security Reports NCFAST\_SEC\_REPORTS@dhhs.nc.gov.

**A signed** **confidentiality and information security agreement (see page 2) must accompany this request.**

**The county must fill out the top portion and sign as indicated and email to the above address within 5 days.**

**ORIGINAL DOCUMENT MUST BE RETAINED BY THE COUNTY. A COPY MUST BE RETAINED BY NC FAST.**

New Request Quarterly Review

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| COUNTY: | SECURITY OFFICER: |
| WORKER NAME: | WORKER EMAIL ADDRESS: |
| WORKER TYPE: Choose an item. | CURRENT SECURITY ROLE: |
| CURRENT NCID: | REQUESTED SECURITY ROLE: |
| NEWLY CREATED NCID: |  |

Justification FOR ADDITIONAL NCID AND SECURITY ROLE **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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County Signatures Only:

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| Signature of requesting employee: Date: |
| Signature of Security Officer: Date: |
| Signature of Director: Date: |

**Confidentiality and Information Security Agreement** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As an employee, temporary worker, or contractor of the local county department of social services authorized to perform work, I understand my obligation to follow all applicable Federal, State and Local Government Policies to ensure a consistent level of privacy and security throughout the use of this agreement.

I further agree to the following:

* **As a user of a state information system that processes confidential information, I will adhere to the terms and conditions expressed within Federal, State, DHHS, and Local Government policies and procedures regarding security, DIT, DHHS, and NC FAST policies as set forth in this User Agreement.**
* **The identity of clients, applicants, and benefits recipients,** including but not limited to, Client Unique identifiers (CUI), Medicaid identifiers (MIDs), Social Security Numbers (SSN), names, addresses, telephone numbers, and related medical claims information, **is confidential and may be disclosed only in accordance with NC DHHS, State and Federal laws and regulations.**
* **To the extent that I am granted access to confidential information for the purpose of determining eligibility for various State benefits (Medicaid, FNS, Energy Assistance, etc.), I understand that the confidential information shall be used solely for that purpose and that I may not use that information for any other Social or Family Services (Child Services, Adult and Aging Services) tasks to which I am assigned without explicit authorization from the county director of social services.**
* All passwords that are assigned to me or selected by me in my work for the county are confidential. My logon Identifiers and passwords uniquely identify me as a system user and therefore**, it is a violation of State and DHHS system security policy to divulge or share my login ID and password with another person. ACCOUNT SHARING OF ANY SORT IS PROHIBITED.**
* **When leaving a workstation unattended, I understand that I must ensure confidential data is protected. This includes ensuring my workstation is locked when unattended. This can be accomplished by locking the workstation through CTRL+ALT+DEL, Windows+L key or logging off the workstation entirely.**
* I must safeguard and protect electronic data transmissions that carry the identity of applicants and benefits recipients in order to maintain the confidentiality of this information. **I understand that I must make reasonable efforts to protect the confidentiality of sensitive data in all situations including email, regular mail, fax, etc.**
* I understand and agree to have this form renewed annually. **Failure to renew this request for dual access annually by your security officer will result in your access being revoked.**
* I understand that all users of the Department’s information systems are advised that their use of these systems may be subject to monitoring and filtering. DHHS reserves the right to monitor-randomly and/or systematically the use of DHHS Internet connections and traffic. Any activity conducted using the State’s information systems (including, but not limited to computers, networks, e-mail, etc.,) may be monitored, logged, recorded, filtered, archived, or used for any other purposes, pursuant to applicable Departmental policies and State and Federal laws or rules. The Department reserves the right to perform these actions with or without specific notice to the user.

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| Signature of requesting employee: Date: |

Here are the links to NC State Security Manual and DHHS Privacy and Security Policies

NC State Security Standards: https://it.nc.gov/document/statewide-information-security-manual

NC DHHS Privacy and Security Policies: https://www2.ncdhhs.gov/info/olm/manuals/dhs/pol-80/man/