

DMHAS Data Access Form

1. User Information:

Date

DMHAS Employee

PNP Employee

Name: First MI Last:		
Title		
Address: Street 1:	City:	
Street 2:	State	Zip:
Email Address:	Phone #:	Ext:
Professional Credentials	Clinical Supervisor's Name:	

2. DDaP Program Access: Access Request: **New** **Additional**

Check all that apply:

User Role: **Data Entry** **File Submission** **Critical Incident** **Consumer Survey** **EDW Reports**

Request Permissions using: **Program Type** or **Program Code**

Program Type	Data Entry	Read Only
Mental Health		
Addiction		
Forensic – MH (JD)		
Forensic – SA (PTIP)		
All Programs		

Program Code	Data Entry	Read Only

CT Department of Mental Health and Addiction Services
<https://portal.ct.gov/dmhas>
 DMHAS Data Access Form



Additional Facilities: If you need Critical Incident/Consumer Survey access to more than one facility, enter the name(s) of the facilities below. (If requesting more than 6 facilities, attach additional facility names in a separate word document.)

Facility Name	Critical Incident	Consumer Survey
1.		
2.		
3.		
4.		
5.		
6.		

3. WITS Access: Access Request: New Additional

CMHC	CRMHC	RVS	SMHA	SWCMHS
CVH (including Blue Hills)		DMHAS (OOB Administration Staff)		
OOB - ABI	OOB - YAS	OFE	WCMHN	WFH

Job Function: (check all that apply)

Administrative Assistant	Mental Health Assistant - Crisis	OOB YAS Supervisor
Agency Director	Nurse	OP Psychiatrist - Crisis
Billing Auditor	Nurse - Crisis	Psychiatrist
Clinical Director	Occupational Therapist	Psychologist
Crisis Supervisor	OFE Data Entry/Support	Social Worker
Dietitian	OFE Manager/Director	Social Worker - Crisis
Employment Specialist - Vocation Rehabilitation	OOB ABI Social Worker/Other	Social Worker - Jail Diversion
IP Nursing Supervisor	OOB ABI Supervisor	Utilization Management
Manager	OOB Administrator/Manager	
Medical Records	OOB Social Worker	
Mental Health Assistant	OOB YAS Social Worker/Other	

Other:

4. EDW Access: (Please specify what additional access you are requesting and the reason for it.)

Confidentiality Pledge

Name:	Date:
PNP Facility:	Title:
DMHAS Site:	Email:

I, _____, pledge that any Department of Mental Health and Addiction Servicesⁱ "Confidential or Restricted State Data" or "Protected Health Information"ⁱⁱ to which I have access through a Clinical Information System and / or any other information I may gain access to as a result of the granting of this request will be shared only with appropriate, authorized personal, and is prohibited from being stored on any mobile computing device, including but not limited to, portable devices such as laptops, thumb drives, flash drives, portable memory devices, mobile devices or any other type of electronic storage or storage media equipment without proper encryption using methods authorized by the State of Connecticut or Federal Guidelines, and is prohibited from being sent to DMHAS email accounts / other electronic transmission formats unless encrypted as specified above. I further pledge that I will not reveal my passwords, security IDs/codes/keys or like information to any other person.

I understand that Laws pertaining to confidentiality of patient/client records also apply to information stored electronically and I understand that violation of patient/client confidentiality is potential grounds for civil suit and substantial fines. Additionally, I understand that violation of this pledge may be grounds for disciplinary action, potentially including termination of employment.

My typed signature confirms that I have received, agree to, and will adhere to policies as detailed above.

Signature of Requester:	
Typed Name:	Date:

Signature of Requester's Supervisor:	
Typed Name:	Date:

HANDWRITTEN, incomplete, or out of date forms will not be accepted.

PNP Procedure:

Email the completed form to: [Chrishaun Jackson at Chrishaun.Jackson@ct.gov](mailto:Chrishaun.Jackson@ct.gov)

DMHAS Procedure:

Submit the completed form via JIRA at <http://servicedesk.ct.gov>

ⁱ Confidential or Restricted State Data includes but is not limited to:

Personally identifiable information that is not in the public domain and if improperly disclosed could be used to steal an individual's identity, violate the individual's right to privacy or otherwise harm the individual.

Organizational information that is not in the public domain and if improperly disclosed might cause a significant or severe degradation in mission capability; result in significant or major damage to organizational assets; result in significant or major financial loss, or result in significant, severe or catastrophic harm to individuals.

ⁱⁱ Protected Health Information (PHI) data includes but is not limited to:

Health information that could reveal the identity of a person.

Under HIPAA, PHI identifiers include Name, Street, address, City, County, Zip Code, Dates (except year) that directly relate to a person (including, Social Security number, birth date, admission date, Medical record number, Health plan beneficiary number, discharge date, date of death, and all ages over 89 years old, and elements of dates (including year) that are indicative of age).

Telephone numbers, Fax numbers, E-mail addresses, Account number, Certificate/ license number, Vehicle identifiers and serial numbers including license plate numbers, Device identifiers and serial numbers Web Universal Resource Locator (URL), internet protocol (IP) address number, Biometric identifiers (for example, finger or voice prints), Full face photographs or similar images and any unique identifying number, characteristic or code.

ⁱⁱⁱ State of Connecticut Acceptable Use of State Systems Policy includes, but is not limited to "examples of Unacceptable Use of State Systems" which prohibits connecting personally owned hardware <https://portal.ct.gov/OPM/Fin-General/Policies/Acceptable-Use-of-State-Systems-May-2006>

^{iv} Commissioner's Policy Statement; Subject: Computer Use Policy; Chapter 7.2, Dated October 15, 2015 <https://portal.ct.gov/-/media/DMHAS/Policies/Chapter72pdf.pdf>