

System Users Confidentiality Statement

ORCHIDS-MDE (Oregon Child Health Information Data System – Maternal and Child Health Data Entry)

I understand that access to the Oregon Department of Human Services, Office of Family Health, Oregon Child Health Information Data System (DHS OFH ORCHIDS-MDE) is for data collection/evaluation purposes only. I understand that the information in the system is confidential and cannot be used for any purpose other than data collection and evaluation. I understand that my security and authorization code is for my own use only and will not be used by anyone other than myself.

I understand that my use of the system is restricted to data collection and evaluation as it relates to the duties I am assigned to provide for:

(Agency Name) _____.

I understand that a breach of confidentiality would result in denial of all future access to ORCHIDS, as well as possible civil and/or criminal liability.

Signature

Date

Print Name

Supervisor Signature

Date

Print Name

This Confidentiality Statement is to be submitted with completed DHS Information Systems Security Authorization and Request Form.