

System Administrators 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 Maternal and Child Health Data Entry (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 personal use only and I agree not to allow it to be used by anyone other than myself.

I understand that I have been designated as a System Administrator for my Agency. In that capacity, I will be assigning logins for other ORCHIDS System Users. It is my responsibility to keep track of the signed Confidentiality Statements provided by DHS OFH for each of my Agency System Users to whom I grant a login. I will report every six months to the ORCHIDS-MDE Coordinator all active System Users and to identify those System Users who are no longer active. I am responsible for addressing misuse of data by System Users in my Agency. Should there be a breach of confidentiality, it is my responsibility to notify ORCHIDS-MDE Application Support immediately (971.673.0382 or orchids.app-support@state.or.us).

I understand that my use of the system is restricted to granting System User logins, data collection and evaluation as it relates to the duties I am assigned to provide for

Agency Name

Program 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

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

Revised:9/4/07

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