

Computer Login Request and Agreement

BHD Information System User Agreement (New Users Only)

I understand and agree to the attached lists of rules and responsibilities regarding access to and use of computer resources and computerized information that is accessed through the SAIL/Wiser Choice Information System. I further acknowledge that failure to observe them may result in revocation of my SAIL/Wiser Choice Information System ID and disciplinary action. I have signed both the attached Confidentiality Statement and Rules and Responsibility Agreement.

Signed: _____

Date: _____

Supervisor Signature (required): _____

Phone: _____

Rules and Responsibility Agreement

1. Computer resources (hardware, software, supplies, data, etc.) are for authorized business only. I am not permitted to copy software or County data for personal use or for unauthorized installation on any other computer (County or personal).
2. I will not disclose my password to anyone without the consent of my supervisor.
3. I will log out of the SAIL/Wiser Choice Information System whenever I'll be away for more than 15 minutes.
4. I will not allow other staff to enter, delete or update client information on the computer under my SAIL/Wiser Choice Information System ID, and I will not perform these actions under another person's SAIL/Wiser Choice Information System ID.
5. I will consult with my supervisor about my responsibilities or any questions regarding computer and information security.

Signed: _____

Date: _____

3/14/2011

Please fully complete and sign all forms and fax to:
Community Services Branch – Management Services Section at (414) 257-8198.

For SAIL/Wiser Choice Staff Use Only:

Username: _____

Date Authorized: _____

Confidentiality Statement: Milwaukee County
Behavioral Health Division
SAIL/Wiser Choice

It is BHD Management's responsibility to inform all employees, volunteers, and contract service agencies of their role in protecting a patient's right to privacy and maintaining the confidentiality of medical/financial information.

*The following Wisconsin State Statutes protect the patient's right to privacy of medical/financial information and mandate that healthcare facilities' users ensure that all information is handled in a confidential manner, thereby preventing disclosure to other persons without consent of the patient:

SS 153.50	Health Care Information (Protection of Patient Confidentiality).
SS5 1.61 (N)	Mental Health Act (Individuals who are receiving services for mental illness, developmental disability, alcoholism or drug dependency have the right to confidentiality of treatment records/information.)
555 1.30	Mental Health Act –Records
42CFR	Federal Regulations –Confidentiality of Alcohol & Drug Abuse
(ch. 1-2.2)	Patient Records
5549.001 (2)	Public Assistance Recipients' Bill of Rights
SS943.7 (2)	Offense against computer data and programs. (Gives legal sanction to maintaining the security of data.)
HIPPA	Health Information Protection Privacy Act

Computerized files are to be treated in the same confidential manner as the written medical record. Computerized information shall be accessed only as is necessary to fulfill job requirements. The information contained in the computer should be treated impersonally and not discussed with anyone except as it pertains to job responsibilities. It is imperative that access ID's are kept confidential and signoffs are done every time an employee is away from the screen.

I have read the above statements on confidentiality of medical/financial information.

I understand my responsibilities in treating medical/financial information as confidential and agree that data accessed through my SAIL/Wiser Choice Information System ID will be used solely for the purpose stated and will not be divulged in any form to sources outside the department/agency requesting access.

User's Last Name (Print) User's First Name MI

User's Job Title

User's Agency

User's Telephone #

User's Signature

Date

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