

OHIO DEPARTMENT OF AGING
CODE OF RESPONSIBILITY FOR ACCESS TO AGE DATA SYSTEMS

Name (First, MI, Last):	Email address:
Agency/ Company:	Division/Bureau/Work Unit:
Supervisor:	Contract Company Phone:
Address where software will be accessed:	
Agency Type: ☐ AGE ☐ Non-AGE State ☐ County ☐ Local Govt. *AGE Certified Provider ☐ Private/non-profit ☐ PAA ☐ PACE Organization ☐ Contract Employee	
Access Requested: ☐ PACE ☐ WIRED ☐ HENS ☒ OTHERS _____ *S-AGE Provider Portal	Access Requested: ☒ New Access ☐ Change Existing Access
S-AGE Access Requested: ☐ PCW ☐ PEMS ☐ NWD ☐ Case MGMT ☐ User MGMT * S-AGE Provider Portal	
Purpose for access: S-AGE Provider Portal	

Security and confidentiality are a matter of concern for all users of the Ohio Department of Aging (AGE) information systems and all other persons who have access to AGE confidential data. Each person who is entrusted with an authorized ID to access AGE systems holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/ her in preserving the security and confidentiality of this information. Confidentiality requirements contained in the federal or state laws and regulations include, but are not limited to, 45 CFR Parts 160 and 164; 42 CFR 431.300 through 431.307; Ohio Revised Code (ORC) Chapter 1347; Ohio Administrative Code Chapter 173-13; ORC sections 5101.27, 5164.756, and 5101.99; and OAC 5101:1-1-03.

An authorized user's conduct either on or off the job may threaten the security and confidentiality of this information. It is the responsibility of every user to know, understand, and comply with the following:

1. I acknowledge receiving and agree to abide by AGE's Computer Usage Policy and any other policy adopted by AGE. These policies are available upon request and can be provided by either my supervisor or by e-mailing the AGE ISD HelpDesk: ODA_ISD_HelpDesk@age.ohio.gov. It is my responsibility, as the person requesting access, to become familiar with these policies.
2. I will not make or permit unauthorized uses of any information maintained by AGE, regardless of the medium in which it is kept.
3. I will only access information about program participants that is collected and maintained on AGE or state computer systems for those purposes authorized by AGE, and as directly related to my official job duties and work assignments for, and on behalf of, AGE and/or a federal oversight agency.

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4. I will not seek to benefit personally or permit others to benefit personally from the use or release of any confidential information (as identified in federal and state laws and regulations) which has come to me by virtue of my work assignment.
5. I will not exhibit or divulge the content of any record to any person except in the conduct of my work assignment or in accordance with the policies of AGE.
6. I will not knowingly include or cause to be included in any record or report false, inaccurate, or misleading information.
7. I will not remove or cause to be removed copies of any official record or report from any file from the office where it is kept, except in the normal conduct of my work assignment and in accordance with the policies of AGE.
8. I will not violate laws and/or regulations concerning access and/or improperly use security entry cards or codes for controlled areas.
9. I will not divulge or share either my security code(s) (e.g. sign-on password, key card, PIN, etc.) or the security code(s) of any other person or entity who performs work for or with, receives benefits from, or who accesses AGE systems and/or facilities.
10. I will immediately report any violation of this code of responsibility to my supervisor and/or AGE's Security Officer.
11. I will not aid, abet, or act in conspiracy with another or others to violate any part of this code.
12. I will treat all case record material as confidential and will handle the AGE information systems materials with care. I understand that Internal Revenue Code Sections 7213(a), 7213A and 7431 provide civil and criminal penalties for unauthorized inspection or disclosure. These penalties include a fine of up to \$5000 and/or imprisonment of up to five years.
13. I will also comply with the terms of any business associate or data sharing agreement that has been entered into by my employer.

In addition to applicable sanctions under federal and state regulations, violations of this policy will be reviewed on a case by case basis and may result in disciplinary action up to and including removal.

I have read, understand and will comply with this AGE Code of Responsibility.

Applicant Signature:	Date:
Supervisor Signature:	Date:

AGE Use Only	
ISD Approval:	Notes:
User Identification Assigned:	