Wyoming Department of Health
Behavioral Health Division
Early Intervention and Education Program
Early Hearing Detection and Intervention (EHDI) Program
715 Shield Street
Laramie, WY 82072
307-721-6212 (voice)
307-721-6313 (fax)

Individual User and Confidentiality Agreement

This form shall be signed by any employee needing access to the Wyoming Early Hearing Detection and Intervention (EHDI) Tracking, Surveillance, and Information system. It defines requirements to maintain confidentiality and the employee's agreement to abide by the system's rule. The signed copy is to be kept with the Employee's Personnel File.

The Wyoming Early Hearing Detection and Intervention (EHDI) Program is implemented by the Wyoming State Department of Health under the authority of Wyoming Statutes 35-4-801 and 35-4-802. It provides the authority to prescribe rules and regulations for the management and control of early hearing detection and tracking. The program uses a web-based database, the Wyoming EHDI Tracking, Surveillance, and Information System (Wyoming EHDI – IS) operated by the Wyoming Department of Health (WDH), Behavioral Health Division, Early Intervention and Education program, EHDI program.

All information in the EHDI system is confidential, and all users have a responsibility to abide by confidentiality laws. Users who violate these laws will have access to the Wyoming EHDI – IS immediately revoked by the Program Manager. An incident report will be filed, and following investigation, appropriate action taken, which may include civil and/or criminal penalties.

Each individual user must sign this form prior to receiving a user name and password. All users shall safeguard his/her user name and password, and agree to not give the user name and/or password to others, or to post the user name and/or password on any place. **When an authorized user leaves the facility, the manager or designee must notify the Wyoming EHDI Program staff within twenty-four (24) hours of the employee's last day of employment.**

By signing this form, the User acknowledges the conditions under which access to the Wyoming EHDI – IS is granted, and agrees to be held to the following conditions:

- Child specific information is only available to authorized users.
- He/she has read and agrees to abide by the Wyoming EHDI – IS Individual User and Confidentiality Agreement.
- Information contained in the Wyoming EHDI – IS is confidential and can only be used for those purposes outlined in the Wyoming EHDI – IS Individual User and Confidentiality Agreement.
- The Wyoming EHDI – IS passwords should be changed regularly to protect security.
- The computer should not be left unattended when a Wyoming EHDI – IS session is open.
- Always log off and close the browser when you are finished with a Wyoming EHDI – IS session.

Individual User and Confidentiality Agreement
Head Start Personnel

By signing this form, the User acknowledges the conditions under which access to the Wyoming EHDI Program is granted, and agrees to be held to these conditions.

Each field listed below is required.

Print Employee Name _____

Email Address _____

User Name (can be first and last name) _____

Preferred Password (7 characters min.)
(Must include 1 number and 1 letter. Do not use spaces)
PLEASE PRINT CLEARLY
Note: Passwords are case sensitive.

Role
- ☐ Late Onset Hearing Loss Data Clerk
- ☐ Late Onset Hearing Loss Screener

Head Start Region _____

Primary Site

_____

Other Sites

_____

_____

_____

Primary Work Mailing Address

Primary Work Phone Number

_____

Street Address

_____

City, State Zip Code

_____

Employee Signature

Date

Date of most recently attended Hearing Screening Training Workshop _____
(required)

Please sign this form, keep a copy for yourself, and <u>mail the original</u> to the Wyoming Department of Health, Behavioral Health Division, Early Intervention and Education Program, EHDI Program, 715 Shield Street, Laramie, WY 82072.