

**Wyoming Early Hearing Detection and Intervention (EHDI) Program**  
1771 Centennial Drive, Suite 220  
Laramie, WY 82070  
307-721-6212 (Phone)  
307-721-6313 (Fax)

## **Individual User and Confidentiality Agreement**

*This form shall be signed by any employee needing access to the Wyoming EHDI - Information System (EHDI-IS). 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.*

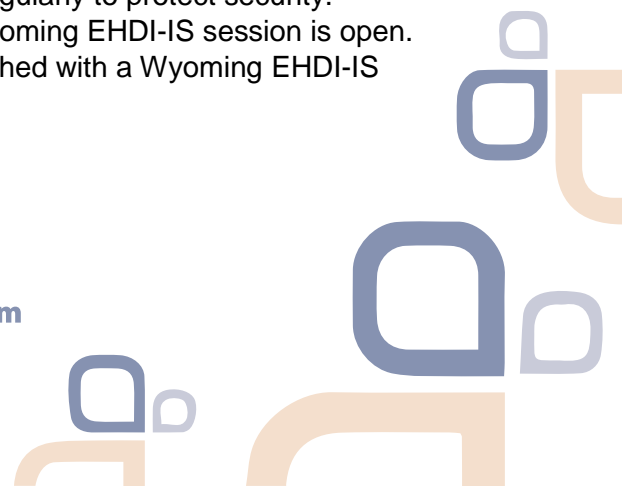
The Wyoming EHDI Program is implemented by the Wyoming State Department of Health (WDH) under the authority of Wyoming Statutes 35-4-801 and 35-4-802. It provides the authority to prescribe rules and regulations for the management and control of early hearing detection and tracking. The program uses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

All information in the EHDI-IS 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 password 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

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

**Each field listed below is required. PLEASE PRINT CLEARLY.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Print User Name  
*Can be first and last name.  
Do not use spaces.*

***You will receive a temporary password to the email address listed above once your account is created. You must log in to the EHD-IS and change your password immediately.***

A. EHD-IS Role (Chose One)

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Administrator - EHD-IS Program           | <input type="checkbox"/> 5. LOHL Data Clerk   |
| <input type="checkbox"/> 2. Administrator - Child Development Center | <input type="checkbox"/> 6. Vision Screener   |
| <input type="checkbox"/> 3. Administrator - Head Start Program       | <input type="checkbox"/> 7. Vision Data Clerk |
| <input type="checkbox"/> 4. Late Onset Hearing Loss (LOHL) Screener  |   |

B. Primary Work

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Street and/or Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone Number

C. Do you work at other sites?     Yes     No

If yes, please list the names and locations of the other sites.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are employed by a Child Development Center, please tell us what Region you work in.

- |                            |                            |                             |                             |                             |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4  | <input type="checkbox"/> 5  | <input type="checkbox"/> 6  | <input type="checkbox"/> 7  |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |

D. Date of most recently attended Wyoming EHD-IS Training \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please sign this form, keep a copy for yourself, and mail the original to:**

**Wyoming EHD-IS Program  
1771 Centennial Drive, Suite 220  
Laramie, WY 82070.**