

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.

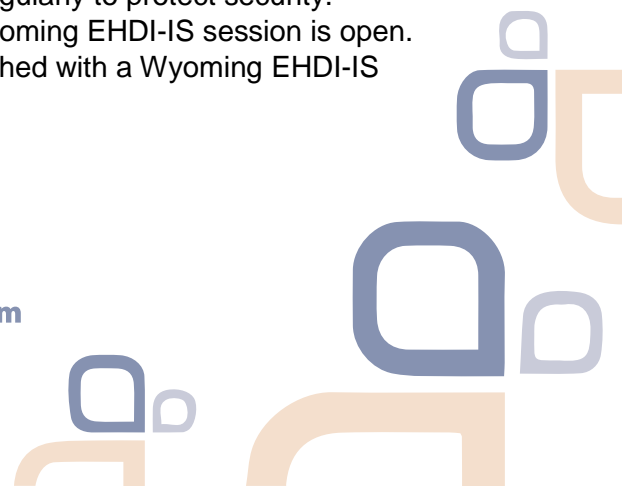
The Wyoming EHDI Program is implemented by the Wyoming State Department of Health (WDH) under the authority of Wyoming Statutes 35-4-801 and 35-4-802. It provides the authority to prescribe rules and regulations for the management and control of early hearing detection and tracking. The program uses 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.



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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)

1. Audiologist

2. Ear Nose and Throat (ENT) Physician

3. Eye Care Professional

4. Hospital Nursery Data Manager

5. Midwife

6. Primary Medical Provider (PCP)

7. Women, Infants, and Children (WIC) Personnel

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.

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.**