## Ohio Department of Job and Family Services

## CODE OF RESPONSIBILITY

	* PLE	ASE P	PRINT *			
Name (First, MI, Last)		Work F		Supervisor's	s Name and SOUID	
County	County Agency (CDJFS CSEA P	CSA)	State Office		Bureau/Office	
Primary Work Street Address		Non-state Email Address				
Date of Birth (optional, mm/dd/yyyy) Cell Phone			Work Email Address			
PW Recovery PIN (optional, nnnn)  Prior State or County W user only)  Yes		(new	Existing or Previous RACF /JFS ID / OH ID			
AGENCY TYPE: ODJFS	Non-ODJFS State	County	Local Govt.	cal Govt.  Private/Non-Profit  Federal		☐ Federal
☐ Contract Employee Conf	tract Company Name		Contract Telephone No Contract Expiration Date		ct Expiration Date	
ACCESS REQUESTED (Local Security Coordinator/Supervisor use only)						
☐ ODJFS Network ☐ ODJFS Email ☐ CRISE Mainframe		е	☐ SETS		☐ SACWIS ☐ VPN	
OTHER Access				Business Role		
elative 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 law include, but are not limited to, 45 CFR Parts 160 and 164 (HIPAA-45 CFR 164.501); 42 CFR 431.300 throug 131.307; 5 USC 552a; 45 CFR 205.50; 7 CFR 272.1(c); Ohio Revised Code (ORC) sections 5101.27 through 5101.30, 5101.99, 3107.17, 3107.42, 3107.31, 35.101.11-36, and 5101.4-1-13.  3, 5101.11-36, and 5101.4-1-13.  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:  I acknowledge receiving and agree to abide by the ODJFS Code of Responsibility Policy (IPP 3922), the ODJFS Information Security Policy (IPP 3001), are ODJFS Computer and Information Systems Usage Policy (IPP 10002). These policies, available via the ODJFS Innerweb or upon request, can also be provided by either my supervisor or the ODJFS Access Control Unit. It is my responsibility, as the person requesting access, to become familiar with these policies.  I will not make or permit unauthorized uses of any information maintained by ODJFS, regardless of the medium in which it is kept.  I will not expect the presonally or permit understood by ODJFS, and as directly related to my official job duties and work assignments for, and on behalf on ODJFS and/or a federal oversight agency.  I will not seek to benefit personally or permit tothers to benefit personally from the use or release of any confidential information (as identified in federal ar state laws and regulations) which has come to me by virtue of my work assignment.  I will not knowingly include or cause to be included in any record to report false, inaccurate or misleading information.  I will not knowingly include or cause to be included in any record or report false, inaccurate or misleading information.  I will not work for or with, receiv						
Applicant Signature	omply with the obor o coat	Date				
Signature - affirms that the employee	e has been confirmed eligible to	have t	he requested access			

Form Instructions: <a href="http://innerweb/omis/InfoSecurity/InfoSecindex.shtml">http://innerweb/omis/InfoSecurity/InfoSecindex.shtml</a>

Date

FOR Access Control Use ONLY

Supervisor Signature