SECURITY REQUEST FOR ACCESS TO DEVELOPMENTAL DISABILITIES SYSTEM

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES DIVISION
SFN 94 (12-2016)

Clear Fields

Request Effective Date		
Name (Last, First, MI) **PLEASE PRINT**		Office Telephone Number
FTE of DDPA/DDPM	Email Address	Infant Development Provider Name

Critical Job Requirements:
Supervisor: Please check the role the user will be filling to complete their assigned critical job requirements. By indicating the Role, you are authorizing the approval for the User to have access to certain areas of the application and data that has been deemed necessary and appropriate in completing their job.

SUPER ROLE
☐ State Office
☐ SC Administrator (Program Administrator)
☐ SC Supervisor (Program Manager III)
☐ Service Coordinator (Program Manager)
☐ Infant Development Coordinator
☐ Primary Early Intervention Professional
☐ Billing Office Staff
☐ Protection & Advocacy
☐ Data Administrator
☐ Surveyor/Title XIX ICF/IID
☐ Quality Assurance
☐ Support Staff

CREDENTIALS
☐ Audiologist
☐ Family Therapist
☐ Nurse
☐ Nutritionist
☐ Occupational Therapist
☐ Orientation/Mobility Therapist
☐ Paraprofessional
☐ Physical Therapist
☐ Social Worker
☐ Special Educator
☐ Speech and Language Pathologist
☐ Other Professional Staff

Supervisor Signature

Confidentiality Agreement (by initialing each of the following statements, you agree to comply with the DHS policy on confidentiality covered in Administrative Services Manual Chapter 110-01 and Human Resources Manual Chapter 317-01)**:**

_____ I will use this User ID to access information that is appropriate and relevant to complete my critical job elements.

_____ I understand an access history log is maintained. Information accessed beyond my “need to know” and/or disclosed is a violation of HIPAA Privacy rules, and state and federal confidentiality laws. Such violations in access can result in disciplinary actions, including termination, and/or legal penalties.

User Signature	Date

After completion of this form, sign and date, and email the completed form to: dhsassisthelp@nd.gov