



K'IMA:W MEDICAL CENTER INFORMATION TECHNOLOGY ACCESS CONTROL (ITAC) FORM for IRT

Requestor Information			
First Name	MI	Last Name	
Phone Number	E-mail Address		
Area/Site Information California/K'ima:w Medical Center (Hoopa Health Association)			
Description of duties that computer access will be used			
Provider: Upon arrival at the facility, we will need the following:			
NPI#, License with Exp Date, DEA with Exp Date, and last 4 SSN (for EHR/RPMS access)			

Please read and sign:

- Access to the above systems is required in the performance of my official duties. I shall protect the information in accordance with all Public Laws and Agency regulations. I understand I am subject to criminal and civil penalties prescribed by law for any violations thereof.
- I have an obligation to protect any information which the loss, misuse, unauthorized access to, or modification of could adversely affect the conduct of federal programs. *(Information about individuals, especially personally identifiable information (PII) is confidential and protected from unauthorized disclosure by law and regulations. Improper access to, or unauthorized disclosure of data through a computer or otherwise is subject to the imposition of criminal penalties and/or disciplinary action)*
- I understand that my obligation to protect IHS/KMC data from unauthorized disclosure does not end with either the termination of my access to this system or with the termination of my government employment /contract.
- I will safeguard the passwords. (e.g., access codes, verify codes) given to me. I may use my passwords only in the performance of my official duties. I may not disclose my passwords to anyone for any reason. I am accountable for all work performed or changes made to the system/databases under my passwords. I will not allow anyone else to access any of the above designated information systems, or through them, to any other information system. Using my passwords.
- I understand that electronic mail/Intranet/Internet access on any government systems is to be used for official government business only. This applies to access reached through any of the above-designated systems. It is understood that the Information Security Officer and network/systems administrators may monitor electronic mail and Internet/Intranet traffic, including the contents of messages and downloads of information.
- **I affirm with my signature that I have read, understand, and agree to fulfill the provisions of this notice. I will complete the IHS Security awareness training within 24 hours of receiving access (unless I have read the HHS Quick Guide to Information Security in which case, I will have 30 days to complete the training) or my access will be revoked until training is completed.**
- The website address is: www.ihs.gov/issa

User's Signature	Printed Name	Telephone	Date
Supervisor Approval	Printed Name	Telephone	Date
Facility Approving Official & Title	Printed Name	Telephone	Date