KDOA Information System Resources
User Security Agreement

Rev. 07/20/2011

I understand that all the client information contained on KDOA computer systems/or any other agency's computer systems to which I have access is confidential. I agree not to copy and/or disclose any information regarding persons who have applied for, have received, or who are receiving public assistance, other benefits or services from KDOA to any unauthorized groups or individual; or to any person for any purpose other than the administration of the KDOA programs using these computer systems.

I also agree to protect all information available to me through interfaces with other agencies, whether the information is on the KDOA computer systems via direct computer access; from hard copy documents; or other means of communication. This includes but is not limited to information from the Internal Revenue Service, the Social Security Administration and the Departments of Employment Security, Revenue and Administration.

I understand that I may only use Information System Resources for those specific functions for which I have been authorized.

I understand that the password(s) I create is or are confidential, may not be shared, and shall be used only by myself. If I suspect anyone else has knowledge of my password, I will report it immediately to my supervisor or to KDOA HELP DESK and will change my password at that time. I understand my password will change at least every sixty days.

I understand whenever I leave my work area that I must take precautions to secure the information by signing-off my personal computer or invoking a password protected screen saver.

I have read this entire document and agree to abide by its terms. I also understand that any violation of this agreement may result in disciplinary action which may include access being revoked. Furthermore, I understand that I may be prosecuted if I knowingly and intentionally use any KDOA computer systems/or any other agency's computer systems I access for fraudulent or other unlawful purposes.

PLEASE COMPLETE THE FOLLOWING, THEN PRINT THIS PAGE, SIGN, AND RETURN TO THE KDOA HELPDESK AT THE ADDRESS LISTED BELOW:

User Information: Please Type or Print Clearly

NAME _____ Email _____
First MI Last

Function / Job Title _____ Phone Number _____

Signature of User _____ Date _____

Access Requested: Please Type or Print Clearly

☐ KAMIS (Attach the Roles) ☐ CTO ☐ PACE ☐ Nursing Facility Applications

Security Authority for Organization: *

* Nursing Facilities Security Authority = Administrator/Operator
AAA/CME/CIL Security Authority = Executive Director (or their designee on file with KDOA ISD)

Name _____ Email _____

Title _____ Phone Number _____

Organization Name _____ Nursing Facility State ID _____

Organization Address _____
Street City Zip

Signature of Security Authority _____ Date _____

Return the original or Fax to:

Attn: KDOA HELP DESK, Information Services Division
New England Building, 503 S. Kansas Ave.
Topeka, KS 66603

For assistance: HelpDesk@aging.ks.gov
Phone: (785) 296-4987
Fax: (785)-296-0256