



HEALTH CARE SERVICES AGENCY

NETWORK ACCESS REQUEST FORM

[HTTP://WWW.ACBHCS.ORG/PROVIDERS/FORMS/FORMS.HTM#IS](http://www.acbhcs.org/providers/forms/forms.htm#IS)

This form is used to request network access to the BHCS web portal for the ability of completing and submitting e-forms.

Date Submitted: _____

CONTACT INFORMATION

Contact First Name: _____

Contact Last Name: _____

Organization: _____

Clinic/Program: _____

Contact Phone #: _____

Contact Email: _____

Managers Name for Approval: _____

Managers Email: _____

After completing the form, please fax or email to the IS Support Help Desk

Fax: 510.567.8161 or his@acbhcs.org

To Login to the BHCS Network, Use the following link:

[HTTPS://GO.BHCSPORTAL.ORG/VPN/INDEX.HTML](https://go.bhcsportal.org/vpn/index.html)

INFORMATION SYSTEMS USE ONLY

IS Support, 1900 Embarcadero Cove, 4th Floor, Oakland, Tel (510) 567.8181, Fax (510) 567.8161

Assigned To: _____ Status: _____

Service #: _____ Log #: _____

Date Completed: _____

Notes: _____



Attn: Information Systems
1900 Embarcadero Cove, Suite 400
Oakland, California 94606
(510) 567-8181 / Fax (510) 567-8161
QIC 28004

BHCS DATA

Confidentiality, Security and Usage Agreement

Purpose

The purpose of this agreement is to establish an environment of security for the electronic storing and usage of client confidential information and records including the usage of portable electronic devices for this purpose.

Background

Any person accessing Alameda County BHCS data is required to protect confidential information relating to clients, patients, and residents on a daily basis, and have a duty to protect this information from loss, theft, or misuse whether the information is in paper or electronic form. Additionally, users are required to protect any electronic device assigned to them or in their possession used to gain access to the BHCS system.

Confidential Information

Confidential Information shall include all Alameda County BHCS documents, data, and other materials. User agrees that the Confidential Information is to be considered confidential and shall hold the same in confidence, shall not use the Confidential Information other than for the purposes of its business with BHCS, and shall disclose it only to its authorized employees or other authorized users with a specific need to know. User will not disclose, publish or otherwise reveal any of the Confidential Information. _____ Initial

Secure and Private Work Environment

User is responsible for taking proper security and privacy precautions ensuring a secure and private work environment while utilizing portable devices in order to safeguard client information displayed. _____ Initial

Security Agreement

User agrees to the stated required security criteria in order to access and utilize the BHCS system.

I understand that sharing my account ID and password, client information or any breach of security is a HIPAA violation which may result in prison, fines up to \$25,000 and/or revocation of my license. _____ Initial

I attest that I have completed HIPAA security and privacy requirements training for protecting the confidentiality, integrity, and availability of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) within the past 12 months.

User Signature

User Printed Name

Date

Supervisor Agreement

The supervisor agrees 1) to employee's usage of the system and 2) to provide information and direction for secure uses and practices while utilizing network resources.

The supervisor attests that the user has 1) signed an Oath of Confidentiality, 2) signed an Ethical Conduct Policy and 3) been trained in HIPAA security and privacy requirements.

Supervisor Signature

Supervisor Printed Name

Date