

OHIO DEPARTMENT OF MEDICAID
CODE OF RESPONSIBILITY

First Name	MI	Last Name	Work Phone	Supervisor/ Agreement Manager
County		County Agency	State Office	Bureau/Work Unit
For Contract Employees:	Contract Company Name			Contract Telephone Number

ACCESS REQUESTED

ODM network / email access FI (Vue360) SPBM (Vue360Rx) PNM OBWP MITS Other (specify below)
(specify groups/roles for system(s) checked above or list other system(s) and groups/roles requested):

Justification - (REQUIRED)(Explain why you need access to the system(s)):

Email Address	OH ID SOUID
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PLEASE READ CAREFULLY

Security and confidentiality are a matter of concern for all users of the Ohio Department of Medicaid (ODM) information systems and all other persons who have access to ODM confidential data. Each person with access to ODM systems holds a position of trust relative to this information and must recognize their responsibilities in preserving the security and confidentiality of this information. Confidentiality requirements contained in law may include, but are not limited to, 42 USC 1396r-8(b)(3)(D); 45 CFR Parts 160 and 164 (HIPAA—45 CFR 164.501); 42 CFR part 431 subpart F; 5 USC 552a; 7 CFR 272.1(c); Ohio Revised Code (ORC) sections 5101.27 through 5101.31, 5101.99, 5164.756, 3107.17, 3107.99, 3121.894, 3121.899, 3121.99, 3125.08, 3125.50, 3125.99, 4141.21, 4141.22, 4141.99, and 5160.45; and OAC rules 5160-1-04, 5160-1-32, and 4141-43-01 through 4141-43-03.

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:

1. I acknowledge receiving and agree to abide by the ODM Information Security Policy and ODM Computer and Information Systems Usage Policy. These policies, available via the ODM InnerWeb or upon request. It is my responsibility to become familiar with these policies.
2. I will not make or permit unauthorized uses of any information maintained by ODM, regardless of the medium in which it is kept.
3. I will only access information about recipients of ODM benefits or services, or about ODM employees, that is collected and maintained on ODM or state computer systems for those purposes authorized by ODM, and as directly related to my official job duties and work assignments for, and on behalf of, ODM and/or a federal oversight agency.
4. I will not seek to benefit personally or permit others to benefit personally from the use or release of any confidential information (as identified in federal and state laws and regulations) which has come to me by virtue of my work assignment.
5. I will not exhibit or divulge the contents of any record to any person except in the conduct of my work assignment or in accordance with the policies of ODM.
6. I will not knowingly include or cause to be included in any record or report false, inaccurate or misleading information.
7. I will not remove or cause to be removed copies of any official record or report from any file from the office where it is kept, except in the normal conduct of my work assignment and in accordance with the policies of ODM.
8. I will not violate rules and/or regulations concerning access and/or improperly use security entry cards or codes for controlled areas.
9. I will not divulge or share either my security code(s) (e.g., sign-on, password, key card, PIN, etc.) or the security code(s) of any other person or entity who performs work for or with, receives benefits from, or who accesses ODM systems and/or facilities.
10. I will immediately report any violation of this code of responsibility to my supervisor and/or accessrequest@medicaid.ohio.gov.
11. I will not aid, abet or act in conspiracy with another or others to violate any part of this code.
12. I will not load any personally-owned software or software not licensed to ODM on any ODM-owned equipment without "proper authorization," as defined in the ODM Information Security Policy.
13. I will treat all case record material as confidential and will handle Federal Tax Information (FTI) material with extra care. I understand that Internal Revenue Code Sections 7213(a), 7213A and 7431 provide civil and criminal penalties for unauthorized inspection or disclosure. These penalties include a fine of up to \$5000 and/or imprisonment of up to 5 years.
14. I will comply with the terms of any business associate or data sharing agreement that has been entered into by my employer.
15. I will notify my supervisor when my need for access changes or if I no longer require access to ODM system resources.

In addition to applicable sanctions under federal and state regulations, violations of this policy will be reviewed on a case-by-case basis and may result in disciplinary action up to and including removal.

I have read, understand and will comply with this ODM Code of Responsibility.

Applicant Signature	Date
Supervisor/Agreement Manager Signature	Date