

# HLS Incident Database Access Request

*Please complete this form electronically, print, sign and submit to:*

**""y fj /qj nt@wyo.gov**

New User

Delete User

## Access Requested For

Requested Users Full Name:

Title:

Facility Name:

Facility Type(s)(e.g.: hospital, home health, nursing home, etc.):

Work Phone Number:

Users Work E-Mail:

Request Effective Date:

## Provider Authorization

Administrator/Director/Owner's  
Typed/Printed Name:

Signature:

Date:

E-Mail:

Phone:

### HLS Use Only:

User Name:

Password:

Date Notification Provided:

**State of Wyoming  
Department of Health  
Aging Division  
Healthcare Licensing and Surveys Incident Reporting System Access**

**Confidentiality Agreement/Security Requirements**

State and healthcare providers protect the information on incident reports from unwarranted or indiscriminate disclosure.

State policy requires that all user ID's, passwords, and other procedures related to the legitimate access to the Incident Reporting System must be maintained on a strictly confidential basis.

Issuance of a User ID allows access to confidential and protected information and data. Each user must agree to the following:

- Do not disclose or lend your User ID and/or Password to someone else. Approved user access identifies the individual responsible for all activities undertaken. Permitting others to use user ID's, passwords, other materials or procedures to gain access to the system is expressly prohibited. The misuse or wrongful disclosure of confidential information will be seen as being committed by the person to whom the user id was assigned.
- Confidential information is used only as needed to perform legitimate tasks required in the process of filing incident reports.
- Under any circumstance, confidential information may not be divulged, copied, released, sold, loaned, altered or destroyed except as properly authorized. At all times, there must be an active safeguard by the user to retain the confidentiality of information and data.
- Any user having knowledge of actual or attempted security violations, suspect activity that may compromise the confidentiality of information or data must report them to Healthcare Licensing and Surveys immediately.
- A violation of these security requirements could result in termination of user access.

Healthcare Licensing and Surveys may at any time revoke any user access, other authorizations or access to confidential information.

User's Printed Name:

Signature of User:

Date: