

# HLS INCIDENT DATABASE ACCESS REQUEST FORM

Please complete this form, obtain required signatures and submit to:

Email: [wdh-ohls@wyo.gov](mailto:wdh-ohls@wyo.gov) or Fax: 307-777-7127

(Rev. 06/06/2023)

Check one:

☐

New User

☐

Update User's Current Access

(\*See note below)

☐

Delete User

(Page two doesn't need completed.)

## User Access Information

1. User's First and Last Full Name:

2. Specific Name of Facility(s) the User Needs Access For:  
(List names all needed.)

3. Type(s) of Provider:  
(e.g.: Hospital, HHA, ALF, Nursing Home, etc.)

4. User's Work Email:  
(This must be an individual unique email, not shared with others.)

5. Requested Effective Date:

**New User or Updated User Access requires user to read and sign the second page of this document.**

**\*NOTE:** If the user already has access for another facility and they need to retain that access, you must include all facilities on this form also, even existing ones. **User's final access will be based only upon data identified on this form.** Any prior access request forms will become null and void, and this form replaces all other access requests.

## Provider Authorization for User Access

6. Administrator/Director/DON's  
Printed Name, with Title:

7. Signature:

8. Date:

9. Email:

10. Phone:

NOTE: DON/Nursing Supervisor access must be approved by the Administrator. DON/Nursing Supervisor can approved other users.

**HLS USE ONLY**

User's Login ID:

Date User Notified:

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.

An Incident Database User Guide can be found at: <https://health.wyo.gov/aging/hls/healthcare-facility-incident-reporting/> For additional questions contact 307-777-7123.

***User will be sent two separate secure Emails with their ID and Password.***

**By signing below I agree and understand these requirements:**

User's Printed Name:

Signature of User:

Date: