IDAHO DEPARTMENT OF HEALTH & WELFARE

IDHW Partner Access Data Portal (PDAP) User Agreement

How to use this form:

1) **Read, sign, and date the Confidentiality and Non-Disclosure Policy**
2) **Provide user information on page two**
3) **Submit the signed Confidentiality and Non-Disclosure Policy document and Add a New User Form by email to PartnerAccess@dhw.idaho.gov**

CONFIDENTIALITY AND NON-DISCLOSURE POLICY

- My login information (user ID and password) is equivalent to my legal signature and I will not disclose my login information to anyone or allow anyone to access the PDAP system using my login information.
- I will not attempt to learn or use another user's login information.
- I will not leave an active PDAP session unattended while signed in.
- If I have reason to believe the confidentiality of my login information has been compromised, I will immediately change my password and notify the **IDHW IT Help Desk** at 208-334-5673.
- I am responsible and accountable for all retrievals accessed with my login, even if such action was made by another due to my unintentional or negligent act or omission.
- I will not access or request any information for which I have no business need.
- I will not disclose any confidential information unless required to do so in the official capacity of my employment or contract.
- I will not print PDAP screens containing Personally Identifiable Information (PII).
- I agree that disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship.
- I understand that my use of the PDAP system may be periodically monitored to ensure compliance.
- I further understand that if I violate the above terms, I am subject to criminal prosecution and termination of my PDAP access.

ACKNOWLEDGEMENT & ACCEPTANCE OF CONFIDENTIALITY NON-DISCLOSURE POLICY

My signature confirms that I have read and understand the terms of the *Confidentiality and Non-Disclosure Policy*.

Printed Name	**Signature**
Name of Organization	**Date**

New User Information

Business Name/Organization	Business Phone	Email	
Mailing Address	City	State	Zip
First Name	Last Name		