

**State of Nebraska, Department of Health and Human Services (DHHS)  
External Access Confidentiality Statement**

I agree that any and all DHHS information gathered in the performance of my duties, either independently or through access to any DHHS system, shall be held in the strictest confidence.

I understand that DHHS, as a covered entity under HIPAA, must make reasonable efforts to limit my access to protected health information to the minimum necessary to accomplish the intended purpose<sup>1</sup>. I agree that information I use, disclose, or request will also be limited to the minimum necessary for the purpose of treatment, payment, or operation.

I agree that any and all information shall be released to no one other than DHHS or authorized individuals in strict compliance with any business agreements or contracts in force.

I agree to meet all applicable state and federal laws and regulations and to comply with all DHHS Security and Privacy Policies, Procedures and Standards.

I acknowledge that the Policies on Information Technology Security are available to me for review and that I have been informed and understand that it is my responsibility to become familiar with and abide by these policies.

I understand that if I wrongfully disclose the information described above, I may be subject to disciplinary action by my employer, and civil and criminal penalties.

I understand that due to security restrictions, N-FOCUS information may only be accessed over a secure wired connection. I agree not to access any N-FOCUS information over any wireless access device or service.

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**Employee Information**

(Please clearly print all information except for signatures.)

**Employee Name:** \_\_\_\_\_

**Employee Title/Position** \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Work E-mail** \_\_\_\_\_

**Employer/Agency Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Employee Work Site (if different than above address)** \_\_\_\_\_

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**Immediate Supervisor Information**

**Printed name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Work E-mail** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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<sup>1</sup> Pursuant to HIPAA 45 CFR 160-164

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**Immediate Supervisor Information continued**

Does this supervisor have access to a DHHS Application? \_\_\_\_\_ Lotus Notes? \_\_\_\_\_  
Yes or No Yes or No

If not, who should be listed as supervisor on the requested Application? Give Name and Position

\_\_\_\_\_

Contact Person if different from immediate supervisor \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Other Information**

Does your access request relate to:  NCS WEB

Other (Specify) \_\_\_\_\_

Have you had access to any DHHS applications such as N-FOCUS or CHARTS at another work place? \_\_\_\_\_  
Yes or No

If Yes, What application and Where? \_\_\_\_\_

Are you replacing existing staff? \_\_\_\_\_ If Yes, Name \_\_\_\_\_  
Yes or No

Date employee left \_\_\_\_\_ (OR)

Employee has new position in the same company and still needs existing access \_\_\_\_\_ Yes \_\_\_\_\_ No

Position and Location \_\_\_\_\_

**Original signed copy to be sent to DHHS**

\*\*\*\*\* For DHHS Use Only \*\*\*\*\*

Employee Name \_\_\_\_\_

Information received \_\_\_\_\_ Sent to Help Desk \_\_\_\_\_  
Date Date

Comments:

NFOCUS Position # \_\_\_\_\_