

HOW TO FILL OUT YOUR NIMRS SECURITY FORMS

In order to access NIMRS, you will need to complete 3 separate forms:

1. **The Authorization CNDA Form** – the CNDA (Confidentiality and Non-Disclosure Agreement) must be properly filled out and notarized before it is returned to OMH. (This is the 1-page form attached to a 6-page document that you should read before you sign the form).

2. **The CASA Form** – the CASA (Computer Application Sharing Agreement) is a 2-page form that must be filled out, signed and returned to OMH.

On the CASA, you will list all of the people in your organization who will be authorized users of NIMRS. Each person that you list as an Authorized User will be required to fill out a copy of the 1-page “Request for NIMRS Access” form described below.

3. **The “Request for NIMRS Access” Form** – A copy of this 1-page form must be filled out for each person that you list as an Authorized User on the CASA form. It must be signed by the individual user and by the local facility administrator.

This manual includes instructions for completing all of these forms.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT:

(518) 474-3619

This One-Page Form is Called the "Authorization CNDA." It Must be Notarized


AUTHORIZATION FORM: CNDA, DEA, CASA

AUTHORIZATION FORM: CNDA, DEA, CASA

Completion Details

The 'Receiving Entity Authorized Signatory' (RAS) is responsible for completing all sections with bolded/italicized labels. With the exception of the 'Authorization' section, the RAS can delegate completion authority. OMH is responsible for completing all other sections.

If you need help in completing this form, please call the OMH help desk (518) 474-5554.

Parties to the Agreement

The parties to this CNDA are the New York State Office of Mental Health (OMH), a New York State agency with principal offices located at 44 Holland Avenue, Albany, New York 12229, and *(Insert name of County, Program, Agency, Corporation or Individual)* hereafter known as "Receiving Entity".

Applicant Information

Requestor Name	Title
Address	
Telephone	

Authorization

Receiving Entity Authorized Signatory. I have read the attached documents (please check box(s) below). I agree to the terms and have legal authority to commit the Receiving Entity to them.	Name	Date	Signature
Attached documents	<input type="checkbox"/> Confidentiality and Non Disclosure Agreement <input type="checkbox"/> Computer Application Sharing Agreement (CASA) (Specify number _____) <input type="checkbox"/> Data Exchange Agreement (DEA) (Specify number _____) <input type="checkbox"/> Rider (Specify number and type)		
NOTARY: The Receiving Entity Signature must be notarized by a Notary Public:	Sworn to before me this _____ day of _____, 20____		
	Notary Name/Notary Stamp		

OMH Data Owner: I have reviewed these documents & am satisfied that they are complete and that only 'minimum necessary' access is being allowed (CASA & DEA).	Name	Date	Signature
OMH Authorized Signatory: I agree to the terms and have legal authority to commit OMH to them.	Name	Date	Signature
OMH Information Security Officer: I will file these documents and only permit access as defined in the CASA.	Name	Date	Signature

1. Be sure to type your agency name here.

2. Check off the documents that you are sending along with this form.

3. The "Requestor" can be the Risk Manager, Director, Owner, or Partner.

4. The "Receiving Entity" can be the Executive Director, Owner, or Partner

5. This Document Must Be Notarized

Do Not Write On Your Form Below This Line It is for OMH Use Only

Do Not Write On Your Form Below This Line It is for OMH Use Only

This is the "CASA" Form (Page 1 of 2)


COMPUTER APPLICATION SHARING AGREEMENT

COMPUTER APPLICATION SHARING AGREEMENT (CASA)
NEW YORK STATE OFFICE OF MENTAL HEALTH (OMH)

Introduction
 A Computer Application Sharing Agreement (CASA) must be completed if you need access to any OMH System (including e-mail). A separate form must be completed for each computer system to which the Receiving Entity needs access.

This Agreement must accompany and be filed with a properly executed OMH Confidentiality and Non-Disclosure Agreement (CNDA). The name of the Receiving Entity must be the same on both the CASA and the CNDA. If the names are not the same, an explanation of the relationship must be provided with the CASA.

Terms and Conditions

Purpose and Nature of Work
 Describe the purpose and nature of work for which access to an OMH System is needed (please identify System(s) to be accessed).

Start date of access requirements	End date of this access requirements (if known)
-----------------------------------	---

Authorized User Access List
 Please list all names and contact details of personnel within your organization authorized to access the System(s). (This is used as the basis to allocate access rights, ensure names are accurate).

Name: Last	First	Telephone	Work Location(s)	Systems to access

Non-Receiving Entity Data List
 If you intend on sharing Application information, please list all other agencies, departments, organizations, or other entities that will be reviewing, sharing, or will otherwise be in contact with these data. Also list the name and telephone number of the contact person for each agency. (OMH must understand if data is to be shared and with whom it will be shared.)

Agency/department	Contact Name	Contact Telephone	Explanation of need to access information

1. You can enter today's date for your Start Date.

2. List all of the users for whom you are requesting NIMRS access.

Remember: You will need to submit a completed "Request for NIMRS Access" form for each person listed. If you need more space, attach a page with the names and other information requested.

3. Type/write the following in this box:

"Reporting Incidents to OMH and CQC through the NIMRS web-based Application."

4. Leave the End Date blank

5. The System to Access is "NIMRS".

6. The Work Location is the address of the primary work site of that Authorized User.

7. Include any County or other Agencies or Entities with whom You may share your data.

This is the "CASA" Form (Page 2 of 2)

 **COMPUTER APPLICATION SHARING AGREEMENT**

Terminations of Access on Change of Status Information
No later than one week prior to an impending change of employee status of any person identified above (e.g. termination, transfer), Receiving Entity shall give OMH written notice of such change. If such notice is to be provided at least eight days prior to the termination date, it shall be made via U.S. mail. If such written notice is to be provided no earlier than one week prior to the termination date, it shall be made via U.S. mail and in addition, a facsimile copy must be contemporaneously be provided to the OMH Help Desk at (518) 474-5439. Upon receipt of written notification, OMH will terminate access to the OMH System and will confirm all information with Receiving Entity.

Amendment of Access Lists
If Receiving Entity wishes to amend the list of persons identified in this Agreement, it shall provide OMH with prior written notice of such requested amendments. Upon receipt of written notification, OMH will review the request and will confirm all information with Receiving Entity, and, if appropriate, will subsequently modify and authorize access to the OMH System without delay. Amendments shall not be deemed to be effective until authorized by OMH.

Storage of Data

Please enclose a copy of your data storage, access, and security policy	Policy enclosed <input type="checkbox"/>
	Policy NOT enclosed <input type="checkbox"/>
If your data use Policy is NOT included, please detail specific steps that will be taken to ensure the confidentiality of this data:	

Electronic Copies of Data Held on OMH Applications
Receiving Entity shall not facilitate, effectuate, or authorize, directly or indirectly, any electronic copies of data, or links between OMH Applications and any private database without prior written consent from OMH.

In order to enable OMH to verify that new links do not jeopardize security or privacy of data, Receiving Entity shall not facilitate, effectuate, or authorize, directly or indirectly, any configuration of OMH Systems to support new links between private information & other types of information maintained by any service provider.

Confidentiality Certification
Pursuant to this Agreement and the CNDA, Receiving Entity agrees that no data in any form shall be combined or made a part of any other database or information sharing and retrieval system unless otherwise authorized through a Rider to the CNDA. Receiving Entity agrees that any use of individual patient record data beyond this application must have the prior written approval of OMH.

Receiving Entity hereby agrees to install any computer software issued pursuant to this Agreement only in those locations that have been identified by Receiving Entity of this Agreement and approved by OMH, as evidenced by its execution of this Agreement. No secondary work location access to OMH computing resources shall be authorized without prior written notice to and approval of OMH.

The OMH requires all entities handling these data records to keep a record of data use, and Receiving Entity hereby agrees to do so. Additionally, the OMH reserves the right to immediately audit Receiving Entity's records involving access rights and data identified in this Agreement to ensure compliance with this Agreement and the CNDA. The OMH further reserves the right to immediately terminate the application approved in this Agreement in the event of noncompliance with this Agreement and/or the CNDA.

Breaches of this Agreement
The failure of Receiving Entity to adhere to any of the provisions of this Computer Application Sharing Agreement may result in modification, limitation or termination of computer application access, at the sole discretion of OMH.

1. Check one of the boxes to indicate whether or not you are attaching a copy of your data management policy

2. If you are NOT attaching a copy of your data management policy, type a description of your data security plan. You might want to talk to your IT Manager.

