

Iowa Department of Public Health

New User Request Form

Please complete and email signed form to the email address at the bottom of this document.

Name (First, Middle, Last): _____

Email: _____ Date of Birth: ____/____/____

Driver's License#: _____ Issuing state of DL#: _____

Mother's Maiden Name: _____

Supervisor Name: _____

Organization: _____

Mailing Address : _____

Organization Id#: _____ Organization Phone#: () _____

- FOCUS Security Rights
WIC Coordinator
Support Staff Admin
View Only
CPA Admin
Support Staff
BFPC
CPA
Scheduler only
WIC Direct
Non-CPA Professional
LA Reports Only
IMPA

Your signature below attests that you fully understand and agree with the Non-Disclosure Agreement on Page 2.

New User Signature: _____ Date: _____

WIC Coordinator Signature: _____ Date: _____

FOR IDPH USE ONLY:

Authorized Program Staff Signature: _____ Phone: _____
Date Received: ____/____/____ Org. Code to charge: _____

FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:

User Name _____
Date Completed _____

EMAIL SIGNED FORM TO:
WICHHD@idph.iowa.gov

NON-DISCLOSURE AGREEMENT

I understand that information maintained and managed by the Iowa Department of Public Health (IDPH) may include information that is confidential in nature and, in some instances, protected by the Code of Iowa or the Iowa Administrative Code.

I understand that information, including identifying and demographic data is confidential and shall not be disclosed, except as authorized by state or federal law.

I understand that it is my responsibility as a user of an Iowa Department of Public Health computer system to use reasonable measures to protect the information contained in the system.

I understand that all passwords are confidential and that no password or security token is to be shared.

I also understand that violation of this agreement could result in criminal prosecution, or other civil or administrative remedies.

My signature on page one attests that I fully understand and agree with the above statements.