

Iowa Department of Public Health

New User/Token Request Form

Please complete (print clearly, and in ink) and fax or mail signed form to the address at the bottom of this document. If a security token is required for the application requested, it will be mailed to you at the address provided below after payment has been received (unless other payment options have been previously arranged).

Do you currently have an IDPH security token? Yes [] No []

If yes, enter Serial number from back of token _____

Name (First. Middle. Last): _____

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

Driver's License#: _____ Issuing state _____

Mother's Maiden Name: _____

Supervisor Name: _____

Organization: _____

Mailing Address : _____

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

Security Rights: [x] FTP/VPN

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

New User Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

FOR IDPH USE ONLY:

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

FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:

Token ID Number: _____ User Name: _____
Access Granted: _____ Date Token Assigned: _____
Date to Fiscal: _____ Fiscal Contact: _____
Initials: _____

Fax to 515-281-3789 or Mail to:
Iowa Department of Public Health
Bureau of Information Management
ATTN: Security Coordinator
321 E. 12th St
Des Moines, IA 50319-0075

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.