OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
CODE OF RESPONSIBILITY
* PLEASE PRINT *

NAME: First, MI, Last _____ **Agency** _____

Work Phone _____ **County** _____

Date of Birth _____ **Work Unit** _____

Social Security No. _____ **Supervisor** _____

AGENCY TYPE: ☐ ODJFS ☐ Non-ODJFS State ☐ County ☐ Local Govt. ☐ Private/non-profit ☐ Federal

☐ **Contract Employee** Contract Company Name & Telephone No. _____

ACCESS REQUESTED: (Local Security Coordinator/Supervisor use only)

☐ ODJFS network / email access	☐ CRISE	☐ SETS	☐ FACSIS	☐ MMIS
OTHER access:				
Novell Container:		Existing RACF / Novell ID's:		

PLEASE READ CAREFULLY

Security and confidentiality are a matter of concern for all users of the Ohio Department of Job and Family Services (ODJFS) information systems and all other persons who have access to ODJFS confidential data. Each person that is entrusted with an authorized ID to access ODJFS systems, holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information. Confidentiality requirements contained in law include, but are not limited to: 45 CFR 164.501 et al HIPAA; ORC sections 2301.35, 5101.26, 5101.27, 5101.28, 5101.29, 5101.30; and OAC rules 5101:1-1-03 and 5101:1-29-071.

An authorized user's conduct either on or off the job may threaten the security and confidentiality of this information. It is the responsibility of every user to know, understand and comply with the following:

1. I agree to abide by the ODJFS Information Security policy and ODJFS Internet Usage Policies. These policies are available via the ODJFS InnerWeb or upon request, they will be provided by either your supervisor or the ODJFS Information Security Unit. It is the responsibility of the applicant requesting access to become familiar with these policies.
2. I will not make or permit unauthorized uses of any information in hard copy or computer files maintained by ODJFS.
3. I will not seek to benefit personally or permit others to benefit personally by any confidential information to which has come to me by virtue of my work assignment.
4. I will not exhibit or divulge the contents of any record to any person except in the conduct of my work assignment or in accordance with the policies of ODJFS.
5. I will not knowingly include or cause to be included in any record or report false, inaccurate or misleading information.
6. I will not remove or cause to be removed copies of any official record or report from any file from the office where it is kept, except in the normal conduct of my work assignment and in accordance with the policies of ODJFS.
7. I will not operate or request others to operate any ODJFS or Ohio Data Network equipment on personal business.
8. I will not violate rules and/or regulations concerning access and/or improperly use Security entry cards or codes for controlled areas.
9. I will not divulge or share any security codes (e.g., sign-ons, passwords, key card PIN, etc.) used to access any secured files.
10. I will report any violation of this code by anyone to my supervisor and / or the Information Security Unit immediately.
11. I will not aid, abet or act in conspiracy with another or others to violate any part of this code.
12. I will not load any personally owned software or software not licensed to ODJFS on any ODJFS-owned equipment without proper authorization.
13. I will treat all case record material as confidential, and will handle Income and Eligibility Verification System (IEVS) material with extra care. I understand that Internal Revenue Code Sections 7213(a), 7213A and 7431 provide civil and criminal penalties for unauthorized inspection or disclosure. These penalties include a fine of up to $5000 and/or imprisonment of up to 5 years.

Any violation of this policy may result in disciplinary action pursuant to the agency work rules.

I have read, understand and will comply with the ODJFS Code of Responsibility for Security and Confidentiality of Data:

Applicant Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____

1. Form Instructions: http://innerweb/Omis/InfoSecurity/InfoSecindex.shtml
2. Fax or Mail with cover memo detailing system access requested.
To: ODJFS / BISS / Information Security Unit
4200 E. Fifth Ave. Columbus, Ohio 43219-2551
Fax #: (614) 995-0118

FOR INFOSEC USE ONLY

JFS 07078 (Rev. 4/2005)