Department of Medical Assistance Services

Virginia's Medicaid Program - DMAS - Innovation · Quality · Value

Send completed form to: OCS Security, 6th Floor

ADD NEW USER COV REQUEST OR TRANSFERRING USER COV REQUEST

Date Requested: _____	User's Initials: _____

User is: (check one): ☐ Classified ☐ Wage ☐ Temp ☐ Contractor

Print: **User First Name / Last Name**   ***Name***: _____

Nickname preference? ☐ Yes ☐ No
(used for the email address)   ***Nickname***: _____

User Job Title / Position # _____ Pos #:_____

(COV requires this information; Position # is used as Employee ID on account (position # is not displayed, but commonly, job title is displayed))

Street Address (COV requires this information): ☒ DMAS 600 E Broad St., Richmond, VA 23219

☐ Other: Provide address _____

User **DMAS Phone** (if known) {*Once known, provide to OCS to update Outlook Address Book*}: _____

User **Division:** _____

*Authorized by Manager/Supervisor Signature / Date	_____
Print Name and Phone # :	_____

Account Notes:

The underlined standard profile assignment marked below for access has been approved by the associated Division Director. If changes are needed in access, change request forms are to be completed by the supervisor/manager or Division Director with appropriate signatures.

*If additional access is needed, supervisor/manager or Division Director will need to submit additional paperwork using the DMAS Change Request Form.

Model after: _____

*The Division shared folder and Division mail list is granted according to the Division assignment. If user needs additional access that the model has (such as mailboxes, program folders, restricted folders etc.), please list them specifically in the Comments/Notes section below. Your request will be reviewed to see if additional approvals are required.

Standard Profile for access is based on Division assignment** (all of these may be limited)

X	J:drive (for shared Division use)		Internet Web Access with photo attachment privilege
X	K:drive (for shared Agency use)	X	Internet email address assigned
X	N:drive (for confidential use)	X	Remote Access: OWA, Citrix, VPN
X	External Media CD-USB Privilege		Other: Describe in Comments below

**Supervisor/Manager, Division Director and/or ISO reserve the right to limit Standard Profile access per individual user; for example, auditors may not have an N: drive, etc. Other privileges may be limited based on role, business need, authorized approver, etc.

DMAS Implemented/Reviewed by:

Implemented by Security Analyst (signature / date):
  Kelly Jenkins

Reviewed by Agency Compliance and Information Security (ISO) (signature / date):
  Brenda B. Edwards or Bill Burnette

Comments or Notes:

_____

_____

VITA   Commonwealth Of Virginia

Virginia Information Technologies Agency (VITA) and
Department of Medical Assistance Services (DMAS)
Information Security Access Use Agreement (ISA-UA)

As a user of the State's central computer systems, which are operated by the Virginia Information Technologies Agency (VITA), and as a user of the Department of Medical Assistance Services (DMAS) information systems, I understand and agree to abide by the following terms which govern my access to and use of the processing services of VITA and DMAS:

- Access has been granted to me by DMAS as a necessary privilege in order to perform authorized job functions for the agency by which I am currently employed or contracted. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as logon IDs, passwords, user IDs, file protection keys or production read/write keys) for any purposes other than those required to perform my authorized employment functions;

- If, due to my authorized functions, I require access on DMAS' information systems which is not owned by my agency or company, I must obtain authorized access to that information from the owning agency or company and present it to DMAS;

- I will not disclose information concerning any access control mechanisms of which I have knowledge unless properly authorized to do so by my employing agency or company, and I will not use any access mechanism which has not been expressly assigned to me;

- As a DMAS employee, I agree to abide by all applicable Commonwealth of Virginia (COV), VITA (see https://www.vita.virginia.gov/it-governance/itrm-policies-standards/), and additional pertinent employing DMAS policies, procedures and standards (based on VITA policies) which relate to the security of VITA computer systems and the data contained therein;

- Or, as a contract entity with DMAS, I agree to abide by all applicable Commonwealth of Virginia (COV), VITA (see https://www.vita.virginia.gov/it-governance/itrm-policies-standards/), and additional pertinent employing DMAS policies, procedures and standards (based on VITA policies) as defined within the established Business Associate Agreement (BAA) or signed contract with DMAS, as a user requesting this access, which relate to the security of VITA computer systems and the data contained therein;

- If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the applicable, assigned DMAS contract monitor (who is required to report through DMAS' compliance management process for addressing such issues; such compliance management staff will report upwards as required to COV VITA Security), as well as DMAS management;

- By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that any infractions of this agreement will result in disciplinary action, including but not limited to the termination of my access privileges.

Employee / Consultant Name (print below)	**Employee / Consultant Signature / Date** (below)

Agency, Division/Unit Name (print below)	Agency Contract Monitor assigned (print below)
DMAS/_____	

(If Consultant, Provide Name of Company) (print below)	(If consultant, provide your company email address)