PEDS NEW USER REQUEST FORM

Statewide Data Collection and Evaluation

Note: All shaded boxes must be complete in order for the form to be processed.

Date: _____

Please complete this form for creation of PEDS User Account(s). Complete one form per County Commission (CC) or Funded Program (FP).

Authorized Lead: When this form and confidentiality agreement have been signed, please fax all three forms to First 5 California at (916) 263-1360.

County Name		**Organization Name**	
Funded Program Name *(if applicable)*		**Funded Program Mailing Address**	
Authorized Lead Name		**Authorized Lead Title**	
Authorized Lead Email Address		**Authorized Lead Phone**	

Last Name	First Name	Email Address	Phone 1	Phone Type	Phone 2	Phone Type	User Level
				☐ Bus ☐ Cell ☐ Home ☐ Other		☐ Bus ☐ Cell ☐ Home ☐ Other	☐ CC Access ☐ FP Agg ☐ CC on Behalf ☐ FP Ind ☐ CC w/ Setup ☐ FP w/ AB99 ☐ Read Only ☐ SNP
				☐ Bus ☐ Cell ☐ Home ☐ Other		☐ Bus ☐ Cell ☐ Home ☐ Other	☐ CC Access ☐ FP Agg ☐ CC on Behalf ☐ FP Ind ☐ CC w/ Setup ☐ FP w/ AB99 ☐ Read Only ☐ SNP
				☐ Bus ☐ Cell ☐ Home ☐ Other		☐ Bus ☐ Cell ☐ Home ☐ Other	☐ CC Access ☐ FP Agg ☐ CC on Behalf ☐ FP Ind ☐ CC w/ Setup ☐ FP w/ AB99 ☐ Read Only ☐ SNP
				☐ Bus ☐ Cell ☐ Home ☐ Other		☐ Bus ☐ Cell ☐ Home ☐ Other	☐ CC Access ☐ FP Agg ☐ CC on Behalf ☐ FP Ind ☐ CC w/ Setup ☐ FP w/ AB99 ☐ Read Only ☐ SNP

☐ A copy of the confidentiality agreements and protocol master documents are on file with First 5 California. (These documents are required before users can have Individual Participant access granted.

I authorize that the above information is to be used to create an account for the PEDS user.

Authorized Lead - Approval Signature: _____ Date: _____

Modified: 10-21-2008

PEDS USER IDENTITY FORM

CONFIDENTIAL

Please Print

DATE:	
NAME:	
COUNTY NAME:	
ORGANIZATION NAME:	
QUESTION (Choose only one):	**ANSWER:**
What is your favorite color?	
What is the name of your pet?	
What is your favorite sport?	

For First 5 California Use Only	
User ID:	

EMPLOYEE CONFIDENTIALITY AGREEMENT

- All staff of County Commission Funded Programs who are responsible for gathering or maintaining confidential information and records must read and sign this Agreement.
- The original is to be sent to the immediate staff supervisor who must sign the Agreement and then place the signed original in the employee's personnel files, and return a copy to the employee.
- The Confidentiality Agreement requirement may be waived through the contract between the Funded Program and County Commission if the responsibilities and intent of the Agreement is addressed through existing protocols and procedures of the Funded Program.

RESPONSIBILITIES:
During the performance of your assigned duties related to the County Commission Funded Program, you may have access to confidential Participant information and records required for effective coordination and delivery of services to children, youth, and families. All confidential discussions, deliberations, records, and information generated or maintained in connection with these activities shall be disclosed only to **authorized persons** who have the authority to access confidential Participant information or records. An authorized person is defined as any person who is given authority to access Participant information in PEDS through the County Commission's confidentiality protocol. This includes information obtained and conveyed through all media – verbally, in writing, by fax, phone or email, or through the PEDS database.

LIABILITIES:
Unauthorized release of confidential information to a third party may expose you to personal civil penalties under the provisions of Welfare and Institutions Code, Section 5330; criminal action under Welfare and Institutions Code, Section 10850; and potential fine under Title 42, Code of Federal Regulations, Part 2.

Discussion of, or release of, information or records concerning a Participant receiving Commission funded services to any unauthorized person may be grounds for disciplinary action.

ACKNOWLEDGEMENT:
I acknowledge responsibility not to divulge any confidential information or records concerning Participants of Commission funded services without proper written authorization.

I received a copy of my employer's confidentiality policy and procedures, and instruction on the statements about responsibilities and liabilities outlined in this Agreement.

I understand that I will receive a signed copy of this Agreement, and that the signed original will be placed in my personnel file.

Signed this _____ day of _____, 20___.

SIGNATURE:_____ Name (Print):_____
Grantee Employee

TITLE:_____

RECEIVED BY:_____ TITLE (Print):_____
Employee Supervisor

PROGRAM NAME: _____

ORGANIZATION: _____

Prohibition on Redisclosing Confidential Information Concerning Participants Receiving Services

This notice accompanies a disclosure of confidential information concerning a Participant of services funded by the County Commission. This information has been disclosed to you from records protected by Federal confidentiality rules 45 CFR Part 46, 42 CFR Part 2, or 45 CFR Parts 160 and 164 (HIPAA Regs.) These Federal rules prohibit you from making any further disclosure of this confidential information unless further disclosure is expressly permitted by the written authorization to release the information of the person to whom it pertains or as otherwise permitted by these regulations. A general authorization for the release of medical or other confidential information is NOT sufficient for this purpose. The Federal rules specifically restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse consumer.