San Joaquin County
Public Health Services
health grows here

Request for access to San Joaquin County Secure Filer System
PLEASE PRINT CLEARLY AND COMPLETE ITEMS IN BOLD

This is a request from:

Provider/Agency Name _____

Street Address _____ **City** _____ **State** _____ **ZIP** _____

Phone (_____ **)** _____ **-** _____ **ext.** _____ **Fax (** _____ **)** _____ **-** _____ **ext.** _____

Email _____

to authorize _____|_____|_____
            (First Name)   **(Middle Name)**   **(Last Name)**

to access the web based San Joaquin County Secure Filer System (Filer).

The person named above agrees:
1. To access Filer only through use of approved access procedures.
2. Not to disclose Filer access codes or protocols to unauthorized persons.
3. Passwords are not to be stored electronically (i.e. by a web browser), written down, or shared with any other person or system.
4. To be responsible for ensuring that only authorized personnel have access to Filer data; any lapse in enforcing security by the provider results in the provider being disqualified from using Filer.
5. To use the information obtained from Filer only for authorized and lawful purposes.
6. To maintain the confidentiality of information obtained from Filer as required of medical records, including HIPAA guidelines. I/ Provider/Agency understands that inappropriate disclosures of this information will subject me/ him/her to civil and criminal penalties 56.35, 56.36, 1798.53 and 1798.57 of the civil code.
7. To report any breach of security or confidentiality which has occurred to San Joaquin County Public Health Services immediately upon discovery.
8. That Filer data on any removable storage media shall be rendered unrecoverable before discarding or disposing of the storage media.
9. That any hard copy containing Filer data that contains confidential data will be shredded before disposal.
   I have read and understand my responsibilities as stated above. I also understand that if I violate any of these policies I will be held personally responsible and my rights to Filer may be suspended.

Signature _____ **Title** _____ **Date** ___/___/_____
            (Staff User Signature)

Supervisor's Signature _____ **Title** _____ **Date** ___/___/_____

Filer System Administrator's Approval (PLEASE DO NOT WRITE IN THIS SPACE):

Login assigned: _____

Roles assigned: __ReadOnly __Update __Admin Other _____

Group(s) granted: _____

Signature_____ Title_____ Date__/___/_____

(updated 1/24/2020)

CONFIDENTIAL

(FilerRFA20200124)