

STATE OF MARYLAND
Governor's Office for Children on Behalf of the Children's Cabinet

User Account Confidentiality Agreement

I, _____, understand that, as a user of the State Children, Youth and Families Information System ("SCYFIS"), I will be working with confidential information provided by local or State agencies, agency contractors, providers, parents, and children, or information derived from that confidential information.

I also understand that the confidentiality of the information transferred to, reported in and otherwise used in SCYFIS is protected by Maryland law, including the following provisions of the Maryland Annotated Code: Courts and Judicial Proceedings Art., §3-828 and §3-8A-27; and Health-General §§4-101 through 4-103; and Articles 49D, §10; 83C, §2-115; and 88A. §6. I further understand that a person who uses or discloses this information in violation of these statutes is subject to the legal penalties set forth therein.

I understand that I am responsible for protecting the confidentiality of information pertaining to individual children and their families obtained through my use of SCYFIS. I agree to keep this information confidential.

As an authorized SCYFIS user, I will not permit any person who is not an authorized SCYFIS user to access this information in the SCYFIS system. Only I will use the login name and password that has been assigned to me as an authorized SCYFIS user. Further, I will inform the SCYFIS Administrator if my employment with this current Organization program terminates or is transferred from this position; or my organization's contract with such an agency terminates; or my access to SCYFIS is no longer authorized for any other reason.

Last Name: _____ First Name: _____ M.I _____

Signature

Date

Section A: Completed by User Requesting New/Updated Access. You must sign the confidentiality agreement (Page 1)

New User: YES NO Last Name: _____ First Name: _____ M.I. _____

Job Title: _____ Supervisor Name: _____

Parent Organization Name: _____ Program Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Ext. _____ Email: _____

Section B: Completed by User and/or verified by Supervisor and Administrator to identify the appropriate access level.

User Group Account Profile: Three primary groups of users: Resource Directory only, CSOMS Cases only or both. Two access levels: Case and Forms. Choose the most appropriate option below by selecting only one from group A or B unless user performs dual function to manage the Resource Directory and the youth cases in CSOMS.

Group A: Resource Directory for Staff Maintaining Provider Profiles:

- G20 Resource Directory Organization Admin** User will be the parent organization administrator for the SCYFIS system, i.e. to update the parent organization and create, edit, delete service providers (programs) detail in the Resource Directory. **Highest resource directory access.**
- G21 Resource Directory Service Provider Admin** User can create, edit, delete service provider (program) details in the Resource Directory for the Organization.
- G22 Resource Directory Service Provider Editor** User can only update the service provider (program) details in the Resource Directory created by G10 or G11 admins above.

Group B: CSOMS for Staff Adding and Maintaining Youth Case Records:

- G30 CSOMS Organization Admin** Access to ALL cases for ALL programs (provider) under the organization. **Highest case level access.**
- G50 CSOMS Service Provider Admin** Access to cases ONLY under a specific program (provider).
- G70 CSOMS Case Manager** Access to cases ONLY where he/she is the primary or secondary worker on the case (Vendor Case Ownership). Cases for this user can only be assigned by a user with a higher level of access.

Note: Access to forms can be further limited to specific form(s) see Page 3 Section F.

Section C: Supervisor Approval USE ONLY

Print Name: _____ Signature: _____ Authorized Date: _____

Email Address: _____ Phone: _____

Section D: Authorization to Grant Access by CEO or Program Administrator USE ONLY. (Verifiable in Resource Directory)

Yes No **User requires limited access to CSOMS forms as indicated on Page 3 Section F.**

Print Name: _____ Signature: _____ Authorized Date: _____

Email Address: _____ Phone: _____ Access same as this current/previous user: _____

Is this user replacing a previous user? YES NO If Yes, previous user was _____

NOTE: A confirmation email will be sent to user, supervisor and program administration when access is created.

DEACTIVATION NOTICE: Please notify GOC Information Technology by phone (410-767-6255 or 6242) or email itsupport@goc.state.md.us and submit a user deactivation form within 24 hours should a user no longer need access to the system (i.e. Position reassignment, Voluntary/ Involuntary separation from employment, etc).

Section E: FOR GOC INTERNAL USE ONLY

Username: _____ Admin: _____ Date Completed: _____

Mail to: Governor’s Office for Children, Information Technology, 301 W. Preston Street, Suite 1512, Baltimore, MD 21201

Section F: List of Forms in CSOMS (Children's Services Outcome Measurement System) Module					
Tabs/Modules	Forms	Access Limitation			
CSOMS Module					
Family	Youth and Family Members	___ Full	___ Edit	___ Read Only	___ No Access
	Legal Guardian	___ Full	___ Edit	___ Read Only	___ No Access
	Addresses	___ Full	___ Edit	___ Read Only	___ No Access
	Youth Legal Status	___ Full	___ Edit	___ Read Only	___ No Access
	Living Environment	___ Full	___ Edit	___ Read Only	___ No Access
	Youth Insurance	___ Full	___ Edit	___ Read Only	___ No Access
	Youth Education/IEP	___ Full	___ Edit	___ Read Only	___ No Access
	Federal Census Codes	___ Full	___ Edit	___ Read Only	___ No Access
	Youth Education Environment	___ Full	___ Edit	___ Read Only	___ No Access
	Vendor Case Ownership Reports	___ Full	___ Edit	___ Read Only	___ No Access
Clinical	Youth Physician(s)/Clinician(s)	___ Full	___ Edit	___ Read Only	___ No Access
	Clinical Information	___ Full	___ Edit	___ Read Only	___ No Access
	Diagnostic Evaluation	___ Full	___ Edit	___ Read Only	___ No Access
	Medical Activities	___ Full	___ Edit	___ Read Only	___ No Access
	Clinical Services Provided	___ Full	___ Edit	___ Read Only	___ No Access
Placement	Placement Information	___ Full	___ Edit	___ Read Only	___ No Access
	Local Lead Agency	___ Full	___ Edit	___ Read Only	___ No Access
	Referral Reasons	___ Full	___ Edit	___ Read Only	___ No Access
	Admission Information	___ Full	___ Edit	___ Read Only	___ No Access
	Discharge from Placement	___ Full	___ Edit	___ Read Only	___ No Access
Contact Notes	Contact Notes	___ Full	___ Edit	___ Read Only	___ No Access
POC	History	___ Full	___ Edit	___ Read Only	___ No Access
Work	Youth Employment	___ Full	___ Edit	___ Read Only	___ No Access
Attendance	Attendance	___ Full	___ Edit	___ Read Only	___ No Access
Reviews	Youth Reviews	___ Full	___ Edit	___ Read Only	___ No Access
CANS	CANS Comprehensive Multi-System Assessment History	___ Full	___ Edit	___ Read Only	___ No Access
CANS Module					
Face Sheet	CANS Comprehensive Multi-System Assessment	___ Full	___ Edit	___ Read Only	___ No Access
	Module Requirements	___ Full	___ Edit	___ Read Only	___ No Access
	CANS Post Assessment	___ Full	___ Edit	___ Read Only	___ No Access
Main	Life Domain Functioning	___ Full	___ Edit	___ Read Only	___ No Access
	Child Strengths	___ Full	___ Edit	___ Read Only	___ No Access
	Acculturation	___ Full	___ Edit	___ Read Only	___ No Access
	Caregiver Strengths	___ Full	___ Edit	___ Read Only	___ No Access
	Caregiver Needs	___ Full	___ Edit	___ Read Only	___ No Access
	Child Behavior / Emotional Needs	___ Full	___ Edit	___ Read Only	___ No Access
	Child Risk Behaviors	___ Full	___ Edit	___ Read Only	___ No Access
Other Relevant Life Domain Function Information	___ Full	___ Edit	___ Read Only	___ No Access	
DD	Development Needs	___ Full	___ Edit	___ Read Only	___ No Access
Health	General Health	___ Full	___ Edit	___ Read Only	___ No Access
Sexuality	Sexuality	___ Full	___ Edit	___ Read Only	___ No Access
Adoption	Youth Information	___ Full	___ Edit	___ Read Only	___ No Access
	Siblings	___ Full	___ Edit	___ Read Only	___ No Access
	Potential Adoptive Parents	___ Full	___ Edit	___ Read Only	___ No Access
Trauma	Characteristics of the Traumatic Experience	___ Full	___ Edit	___ Read Only	___ No Access
	If a Child Has Been Sexually Abused Adjustment	___ Full	___ Edit	___ Read Only	___ No Access
SUD	Substance Use	___ Full	___ Edit	___ Read Only	___ No Access
	Drug Use	___ Full	___ Edit	___ Read Only	___ No Access
Violence	Violence	___ Full	___ Edit	___ Read Only	___ No Access
SAB	Sexually Abusive Behavior	___ Full	___ Edit	___ Read Only	___ No Access
	Other Relevant Sexually Abusive Behavior Information	___ Full	___ Edit	___ Read Only	___ No Access
Runaway	Runaway	___ Full	___ Edit	___ Read Only	___ No Access
JJ	Juvenile Justice	___ Full	___ Edit	___ Read Only	___ No Access
FS	Fire Setting	___ Full	___ Edit	___ Read Only	___ No Access
Meds	Psychotropic Medications	___ Full	___ Edit	___ Read Only	___ No Access