

## Ohio Department of Health

### Access to the Maternal Child Health Integrated Data System (MCHIDS) Client Information

Statement of use		
MATCH	OIMRI	Benchmark
<input type="checkbox"/> Full Access	<input type="checkbox"/> Full Access	<input type="checkbox"/> Full Access
<input type="checkbox"/> Data Entry Only	<input type="checkbox"/> Data Entry Only	
<input type="checkbox"/> Report Generation Only	<input type="checkbox"/> Report Generation Only	
<input type="checkbox"/> Read Access Only	<input type="checkbox"/> Read Access Only	

Each individual authorized to access the Maternal Child Health Integrated Data System (MCHIDS) website holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving security and confidentiality of this information. As an authorized individual, acting on behalf of the Ohio Department of Health (ODH), I understand and agree to the following:

1. Protected health information, including information that could be used to identify an individual and his or her health status, is considered confidential information. Confidentiality requirements that apply to these data include, but are not limited to, **Ohio Revised Code Section 3701.17**.
2. By logging on and utilizing this data, I assume full responsibility for any use or dissemination of the confidential information contained herein. Any unauthorized use or dissemination of confidential information in violation of this Agreement may result in ODH, at its sole discretion, terminating all current and future access to this website and may subject the violator to legal action.
3. The information contained in the MCHIDS website is the sole property of the ODH.
4. I will only use these data for the public health purpose of documenting client information.
5. I will not release or allow access to these data, in full or in part, to any person.
6. I will not present or publish these data in a manner in which any individual can be identified. I will include an appropriate acknowledgment and disclaimer in any report, publication or presentation produced from these data.
7. I will report any violations of this confidentiality and security code to my Agency Head and ODH immediately.
8. I understand that authorization for access to this website terminates when my employment is terminated or when access to the data is not required for work-related responsibilities.

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**User's Name**

**Date**

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**Company Name and your Title**

**Telephone Number**

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**Complete Address**

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**E-Mail Address**

**Fax Number**