



Department of Juvenile Justice
PROVIDER ACCESS USER AGREEMENT

MIS 1205.60
New 09/17/99
Revised 07/22/2020

PLEASE PRINT: _____

USER'S LAST NAME USER'S FIRST NAME MI

The Department of Juvenile Justice ("the Department") provides Juvenile Justice Information System (JJIS) Access to its juvenile services providers and authorized agents of the Department. The individual identified below agrees that the following terms and conditions apply to all information contained within JJIS:

- 1. I understand that the purpose of my access to the Department's JJIS is to perform business functions of the Department, and that my access may be monitored or audited by the Department by various means, including monitoring or auditing that may occur without my knowledge or prior notice.
2. I will not use the Department's JJIS network for any personal purposes, including entertainment, personal business or personal gain.
3. I will follow all guidelines outlined in the Access to JJIS and JJIS Data Policy, FDJJ-1205.60 and the User Password Policy, FDJJ-1225. I am responsible for safeguarding my access to JJIS, which includes, but is not limited to the following:
- Passwords are to be treated as sensitive, shall be kept confidential, and are not to be shared with anyone including administrative assistants, information technology professionals or supervisors.
- Passwords should never be written down or stored online.
4. I understand that I cannot transmit or distribute any confidential information, or violate any Federal law or the provisions sections 984.06 and 985.04, F.S. I will not violate Department policy without the written approval of the Department.
5. I am responsible for safeguarding my access to the Department's JJIS Network; and that I will not provide my access capabilities to anyone for any reason, unless authorized by Department policy or otherwise authorized in writing by the Department.

ACKNOWLEDGEMENT (Please PRINT Clearly):

(For specific JJIS access and permission, please submit the JJIS ACCESS / PERMISSION REQUEST form.)

THE FOLLOWING FIELDS MUST BE COMPLETED BEFORE ACCESS IS GRANTED

I, _____ on behalf of _____ Work Hrs AM/PM
User's Name Business Name of Provider or Organizations

located at _____ () _____
Mailing Address, include City, State & Zip Code Area Code & Work Phone Number

Manager/Supervisor's Name & Phone Number DIO Name/Circuit Number SECURITY: D.O.B.

acknowledge that I have read, understand and agree to the terms and conditions of the Network Access User Agreement outlined above. In addition, I further attest by my signature below, that I am authorized to enter into this agreement on behalf of the above named Provider/Organization.

USER'S SIGNATURE (use blue or black ink) USER'S WORK E-MAIL ADDRESS DATE

PROVIDER/ORGANIZATION SUPERVISOR or DESIGNEE SIGNATURE (use blue or black ink) DATE

DJJ CONTRACT MANAGER or DESIGNEE SIGNATURE DATE

For DJJ Contract Manager Only:

User requesting access was background screened on _____ by _____
Date Last Name of BSU Staff

FOR DJJ MIS STAFF ONLY:

User Name: Created By: Date Created: