

**MEMORANDUM**

**ACTION MEMO #16-18**

**TO:** District Nutrition Services Directors

**FROM:** Anthony McGaughey   
Deputy Director of Program Administration  
Georgia WIC Program

**DATE:** February 22, 2016

**SUBJECT:** Georgia Gateway User and Security Forms

The purpose of this memorandum is to inform you that Georgia Gateway is requiring all users to have a signed copy of the following two security forms on record:

- Password Agreement and Confidentiality Statement
- Georgia Gateway - Request for Initial User Access form

**Action Steps:**

- Complete the highlighted sections of the following forms:
  - Georgia Gateway Request for Initial User Access form
  - Password Agreement and Confidentiality Statement form.
- Submit the completed forms by scanning and emailing them to Astride Ainsley at [astride.ainsley@dph.ga.gov](mailto:astride.ainsley@dph.ga.gov) or fax to 404-657-2910 to the attention of Astride Ainsley by February 29, 2016.

If you have any questions regarding this information, please contact Astride Ainsley at 404-232-1214 or via email at [Astride.Ainsley@dph.ga.gov](mailto:Astride.Ainsley@dph.ga.gov).

**Attachments**

c: Debra L. Keyes, MA, RD, Director, Georgia WIC Program  
District Health Directors  
District Program Managers  
WIC Deputy Directors  
WIC Managers



# Georgia Gateway

## DHS - DCH – DPH - DECAL

### Request for Initial User Access

<b>1. SOG User Name:</b>	
<b>2. NAME (FIRST, MIDDLE, LAST, Suffix):</b>	
<b>3. Gender (M / F / Unk):</b>	<b>4. Office Phone Number:</b>
<b>5. FAX Number:</b>	<b>6. E-Mail Address:</b>
<b>7. Unit Name</b>	<b>8. Supervisor's SOG</b>
<b>9. Primary Office / Associated Offices:</b>	<b>10. Home Based Worker (Y/N):</b>
<b>11. EMPLOYED BY (Name of County, District No., State Office Section):</b>	
<b>12. Job Title:</b>	<b>13. Experience Level (New, Intermediate, Experienced):</b>
<b>14. Signature:</b>	<b>Date:</b>
<b>A. DPH / WIC -</b>	
<input type="checkbox"/> 1-Clearinghouse Clerk <input type="checkbox"/> 2-Supervisor <input type="checkbox"/> 3-Local Office Clerk	<input type="checkbox"/> 4-WIC – State Office Policy <input type="checkbox"/> 5-Other (please specify):
<b>B. DECAL / Child Care</b>	
<input type="checkbox"/> 1-Eligibility Specialist <input type="checkbox"/> 2-Fair Hearing Specialist <input type="checkbox"/> 3-Online Changes <input type="checkbox"/> 4-Supervisor <input type="checkbox"/> 5-Other (please specify):	<b>State Office:</b> <input type="checkbox"/> 6-Business Operations Specialist <input type="checkbox"/> 7-Office Manager <input type="checkbox"/> 8-Director <input type="checkbox"/> 9-Support Staff <input type="checkbox"/> 10-Investigator <input type="checkbox"/> 11-Administrator <input type="checkbox"/> 12-OIT
<b>C. DCH</b>	
<b>RSM Group -</b> <input type="checkbox"/> 1-Program Assistant <input type="checkbox"/> 2-Eligibility Specialist: <ul style="list-style-type: none"> <li><input type="checkbox"/> a-Family MA</li> <li><input type="checkbox"/> b-Deemed Newborn / P4HB</li> <li><input type="checkbox"/> c-Long Term Care</li> <li><input type="checkbox"/> d-Katie Beckett</li> <li><input type="checkbox"/> e-Women's Health</li> <li><input type="checkbox"/> f-Peach Care for Kids</li> </ul> <input type="checkbox"/> 3-Supervisor <input type="checkbox"/> 4-Fair Hearings Coordinator <ul style="list-style-type: none"> <li><input type="checkbox"/> a-RSM</li> <li><input type="checkbox"/> b-Peach Care for Kids</li> </ul> <input type="checkbox"/> 5-Error Control Specialist <input type="checkbox"/> 6-Business Operations Analyst <input type="checkbox"/> 7-Office Manager	<input type="checkbox"/> 8-Manager <input type="checkbox"/> 9-Trainer <input type="checkbox"/> 10-Director <input type="checkbox"/> 11-Other (please specify):  <b>Administration -</b> <input type="checkbox"/> 1-MEQC <input type="checkbox"/> 2-PCK State Office <input type="checkbox"/> 3-Member Services <input type="checkbox"/> 4-Hearing and Benefit Recovery <input type="checkbox"/> 5-DCH – OIG <input type="checkbox"/> 6-DCH – OIT <input type="checkbox"/> 7-HP Customer Contact <input type="checkbox"/> 8-HMS TPL <input type="checkbox"/> 9-Other (please specify):
<b>D. DHS / RevMax -</b>	
<input type="checkbox"/> 1-Program Assistant: <ul style="list-style-type: none"> <li><input type="checkbox"/> a-RMMS Team</li> <li><input type="checkbox"/> b-RevMax Field Team</li> </ul> <input type="checkbox"/> 2-Supervisor <input type="checkbox"/> Program Specialist <input type="checkbox"/> Director	<input type="checkbox"/> 4-Eligibility Specialist: <ul style="list-style-type: none"> <li><input type="checkbox"/> a-RMMS Team</li> <li><input type="checkbox"/> b-RevMax Field Team</li> <li><input type="checkbox"/> c-DJJ Team</li> </ul> <input type="checkbox"/> QC Specialist <input type="checkbox"/> 3-Other (please specify):
<b>E. DHS / LIHEAP -</b>	
<input type="checkbox"/> 1-CCA Eligibility Specialist <input type="checkbox"/> 2-CCA Program Coordinator <input type="checkbox"/> 3-CCA Supervisor	<input type="checkbox"/> 4-CCA Program Director <input type="checkbox"/> 5-Other (please specify):
<b>F. AUTHORIZING SIGNATURES - (To be completed by Director or Security Manager)</b>	
I certify that the above person is known to me, is employed by this office, and may have access as indicated above.	
<b>Director's or Security Manager's Signature:</b>	<b>Date:</b>
<b>G. STATE OFFICE SECURITY -</b>	
NOTE:	
Signature:	DATE:



## SYSTEMS PASSWORD AGREEMENT AND CONFIDENTIALITY STATEMENT

\_\_\_\_\_  
Agency/County/Office Name

\_\_\_\_\_  
Date

I, \_\_\_\_\_, do hereby attest that:

1. I am authorized to perform the activities on my user ID/password application.
2. I **will not** disclose my assigned user ID/password to anyone.
3. I understand that I will be held personally responsible for any activities/transactions performed under said user ID/password.
4. I will perform only those activities/transactions for which I am authorized.
5. I understand that the penalties for unlawful disclosure are as follows:
  - a. The Georgia Gateway system is secured by the State of Georgia. Unauthorized access is prohibited by the Georgia Computer Systems Protection Act (O.C.G. 16-9-90, et seq.).
  - b. Data usage and security: DO NOT provide client names; employee names; addresses; dates of birth; or email addresses to a non-agency employee or any entity you don't know. Non-Agency employees or entities must have a written security agreement on file or must have written authorization from the customer to receive this information. Trust but verify: Always verify the real identity of any individual(s) requesting any information from you including their right to the information requested. (Georgia Computer Systems Protection Act (O.C.G. 16-9-90, et seq.)).
  - c. It is illegal for you to use any information from customer or employee files for personal use or gain. This is a prosecutable Federal and State offense with possible fines and/or imprisonment. (Georgia Computer Systems Protection Act (O.C.G. 16-9-90, et seq.)).
  - d. Social Security Administration – BENDEX, SDX and Social Security Numbers – Federal penalties for unlawful disclosure of information are included under sections 1136, 1106, and 205a of the Social Security Act, plus the federal penalties under the Internal Revenue Service Act.
  - e. Internal Revenue Service – Unauthorized disclosure of Federal tax returns or return information is a crime that may be punishable by a \$5,000 fine and/or five years imprisonment.
  - f. HIPAA: Health Insurance Portability and Accountability Act of 1996 – Disclosure of any health information is punishable by federal fines and prison terms. 45 C.F.R. 164.512(c). A breach of this law is any disclosure of public health information either without consent or beyond the scope necessary for what was consented to. The fines for violating HIPAA are up to \$1.5 million and up to 10 years imprisonment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**WITNESSED BY:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date