Instructions for Renewing an EIDS Account

All DODD portal accounts, which are used to access the EIDS application, must be renewed on an annual basis. In order to renew a DODD portal account, a security affidavit will first need to be completed and submitted to DODD. To do so, go to this link:

https://sra.prodapps.dodd.ohio.gov/default2.aspx

On the **Start** screen, enter all account information into each field, as follows:
- *Account Type*: Select "Independent or Agency Provider"
- *Request Type*: Select "Renew Account"
- *First Name, Middle Initial, Last Name*: Enter these exactly as they are listed within your DODD portal account
- *Phone Number:* Enter the best phone number to reach you during the day
- *Email Address*: Enter the email address associated with your DODD portal account
- *Provider Type*: Select "Agency Provider"

Be sure to check the box under your email address to certify that the email listed is your personal email address. Then click "Next."
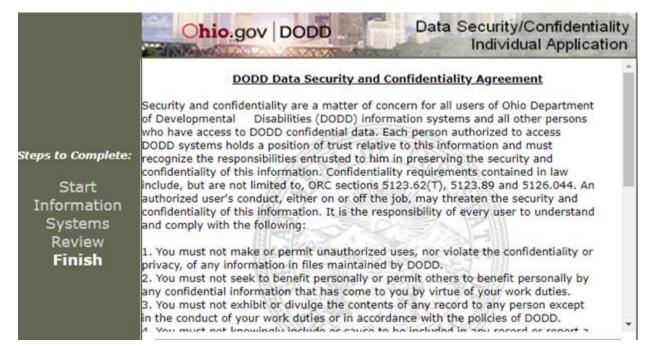
On the **Information** screen, enter your agency information into each field as follows:

- ***Address, City, State, Zip Code***: Enter your employer's address
- ***Are there any changes to the contact information on your account***: Select the appropriate response
- ***Contract Number***: Enter "0000000" (seven zeros)
- ***Agency Name***: "N/A" will be auto-populated when you enter "0000000" for the Contract Number
- ***Director's Name***: "N/A" will be auto-populated when you enter "0000000" for the Contract Number
- ***Existing User Name***: Enter the user name you currently use to log in to the DODD portal and EIDS.

Then, click "Next."

On the **Finish** screen, read the entire DODD Data Security and Confidentiality Agreement.

Scroll down to view the rest of the agreement. Check the box to indicate you have read and understand the DODD policy on data security and confidentiality. Then, select "Finish."

When you reach the screen confirming you have finished the security wizard, Select "Print Form."

Security Application Form

You have finished the Security Wizard. Thank You!

Applications must be filled out completely and accurately. Incomplete/inaccurate affidavits will not be processed.

Once Completed, Please PRINT the Form and have it SIGNED:

You can Submit through Email to:

Ohio Dept. of Developmental Disabilities Information Technology Services
Email: itscallcenter@dodd.ohio.gov

Print Form   *(Building your form may take some time. Please allow it a few seconds.)*

What do you want to do?

Complete Another Wizard   Exit the Wizard

After printing the form, manually write in "EIDS" in the white space at the bottom of the first page (see example form on the next page). Then, scan the document and send the scanned file to the DODD Help Desk at ITSCallCenter@dodd.ohio.gov.

If you experience any issues or have any questions regarding renewing your DODD portal account, you can also email ITSCallCenter@dodd.ohio.gov or call 1-800-617-6733 Option 4 to reach the DODD Help Desk.

Ohio | Department of Developmental Disabilities

Account Type	Independent or Agency Provider	Request Type	Renew Account

Last Name	Hammond	First Name	Taylor	MI	M

Phone Number	(614)728-9164	E-Mail Address	Taylor.Hammond@dodd.ohio.gov

[X] I Certify that the listed e-mail address is my personal e-mail address, not a group or shared e-mail account.

Provider Type	Agency Provider	Agency Name	ÁÐÐE

Address	30 E. Broad St.	City	Columbus	State	OH	Zip Code	43215

Contract Number	0000000	Director's Name	Þ¾ÐÁ

	Systems	Environment	Role	Add	Reports	Remove
	No systems selected or did not apply.					

EIDS

SAMPLE

DODD Data Security and Confidentiality Agreement

Security and confidentiality are a matter of concern for all users of Ohio Department of Developmental   Disabilities (DODD) information systems and all other persons who have access to DODD confidential data. Each person authorized to access DODD systems holds a position of trust relative to this information and must recognize the responsibilities entrusted to him in preserving the security and confidentiality of this information. Confidentiality requirements contained in law include, but are not limited to, ORC sections 5123.62(T), 5123.89 and 5126.044. An authorized user's conduct, either on or off the job, may threaten the security and confidentiality of this information. It is the responsibility of every user to understand and comply with the following:

1. You must not make or permit unauthorized uses, nor violate the confidentiality or privacy, of any information in files maintained by DODD.
2. You must not seek to benefit personally or permit others to benefit personally by any confidential information that has come to you by virtue of your work duties.
3. You must not exhibit or divulge the contents of any record to any person except in the conduct of your work duties or in accordance with the policies of DODD.
4. You must not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
5. You must not delete or cause to be deleted any official record or report from any file from the system where it is stored except when required in the performance of your duties.
6. You must not access or request others to access any DODD or Ohio Data Network system for personal business.
7. You must not violate rules and regulations concerning access to controlled areas.
8. You must not divulge or share any security codes (i.e., user-names, passwords, etc.) used to access any secured files.
9. You must immediately report any violation of this policy by anyone to the DODD/IT Security Manager. 10. You must not aid, abet, or act in conspiracy with another to violate any part of this policy.
11. You must agree to follow all applicable DODD policies and procedures pertaining to the use of DODD or Oh io Data Network computer software and hardware.

Any Violations Of This Agreement May Result In the Cancellation of your Security Access and Possible Referral to the Office of the Attorney General for its Disposition Pursuant To All Applicable Laws and Rules Any Violations of this Policy may result in Disciplinary Action Pursuant to all of the applicable Laws and Rules.

I have read and understand the DODD policy on data security and confidentiality.

		Taylor	Hammond
User(Signature)	Date	User(Printed)	

FOR DIS USE ONLY

	Verified		Completed	
UserID		Begin Date	End Date	

DD-9993

REV. 12/09

Instructions: Complete this form and submit to the Ohio Dept. of Developmental Disabilities Information Technology Services Call Center at itscallcenter@dodd.ohio.gov