Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739
317-232-7800

Attn: All Users of the DMHA CRM Database known as Tobi
From: FSSA\DMHA Youth Team
Title: Password Protection Procedures for CMHW Services CRM (Tobi) Access

Version: 2.0

The Division of Mental Health and Addiction requires all users of the CRM database known as Tobi to review (read), initial, and sign a copy of this document to acknowledge his/her intent to comply with this procedure. A copy of this document containing an original signature must be submitted to DMHA Youth Services as listed below before access to the database will be granted. Additionally, DMHA requires users to notify DMHA when the user separates from the agency, and/or changes positions where access to the database is no longer required.

Summary
Passwords are a critical piece of the computer security puzzle. Poorly chosen, shared or inadvertently exposed passwords lead to data loss and exposure. This document outlines the acceptable password procedures and usage when accessing the 1915(i) Children's Mental Health Wraparound Services CRM known as Tobi. Passwords utilized to access the Tobi system must be strong, protected and frequently changed.

Acknowledgement
Please initial the following items signifying that:

_____1. I have read and understand the **State of Indiana Office of Information Technology Information Resources Use Agreement*** regarding the appropriate use of information technology.

_____2. I must never share a password or access codes to state information resources with any other person.

_____3. I shall not use another person's password or access codes nor shall I access or attempt to access information for which I have no authorization or business need.

_____4. I shall **choose to utilize a complex password**. A **complex** password** is one that contains at least eight (8) characters. Characters should be selected from three or more categories: English uppercase letters (A-Z); English lowercase letters (a-z); digits (0-9); non-alphanumeric characters ($, #, %, *, _).

_____5. I understand that by giving someone else my password to state systems means anything they do under my name can and will be traced back to me and assumed to be my actions.

_____6. If I suspect that my password may be compromised I will change it. I will rotate my password periodically at least every 90 days and make sure it is not openly accessible (e.g. written down in the open on a slip of paper or on a Post®-it note under a keyboard). In addition I will not reuse a prior password.

_____7. I understand that my password may be inadvertently exposed if I use it on an unprotected machine. Using a computer with an unpatched operating system, a web browser that is not up to date or a computer with malicious spyware (and viruses) installed exposes my password to attackers. I understand that ignoring security basics may allow my password to be compromised.

_____8 I understand that even the strongest password can be captured or stolen if I use an insecure network. I understand that using public computers and public Wi-Fi to access sensitive systems may inadvertently expose my passwords.

_____9. **It is my responsibility to re-certify my account every 30 days** in response to email reminders from Indiana Office of Technology (IOT) to maintain network access.

____10. **It is my responsibility to take the required IRUA training or CyberSecurity training initially and then annually** in response to reminders sent by Indiana Office of Technology (IOT) to maintain network access.

Compliance

Violation of compliance with these terms may result in access being revoked. Compliance will be verified through various methods, including but not limited to, periodic system audits, information system activity logging, and internal and external system reporting.

* The IRUA information, FAQs and links may be found at http://www.in.gov/iot/IRUA.htm
** IOT End User Password Minimums https://secure.iot.in.gov/files/06.1.1_End_User_Password_Minimums.pdf

Signature:	*Date:*
Printed Name:	
Title:	
Agency:	