



**ICE HEALTH SERVICE CORPS (IHSC)
ACCOUNT REQUEST FORM FOR MedPAR ACCESS
FAX THIS FORM AND RULES OF BEHAVIOR TO: 866-256-8172**



REQUESTOR'S INFORMATION

Last Name*: _____ First*: _____ MI*: _____
 Contact Phone #*: _____ Contact Fax #*: _____
 Email Address*: _____
 Job Title*: _____ Date of Birth*: _____

You must supply one of the following to enable IHSC to verify your identity when calling:*

Mother's maiden name: _____
 High School or College Mascot: _____
 City where you graduated High School: _____

REQUESTOR'S ORGANIZATION'S INFORMATION

Organization's Name*: _____
 Detention Facility Code (ex. PIDC=Port Isabel Detention Center): _____
 Facility type: IHSC BP/CBP ICE FOD HSI Other
 Physical Address*: _____
 City: _____ State: _____ Zip Code*: _____
 Main Phone #*: _____ Main Fax #*: _____

REQUESTOR'S SUPERVISOR'S INFORMATION

Last Name*: _____ First*: _____ MI*: _____
 Contact Phone #*: _____ Contact Fax #*: _____
 Email Address*: _____
 Job Title*: _____ Date of Birth*: _____

MedPAR TERMS AND CONDITIONS

The MedPAR system is deemed Federal Property operated by IHSC. IHSC authorizes you to use the MedPAR system solely to enter payment authorization requests and track their status. Without limitation, you are not authorized to make the information available on any web site or otherwise reproduce, distribute, copy, store, use or sell the information for any reason without the express written consent of IHSC. This is a non-assignable service, thus your right to use the MedPAR system is non-assignable and ***you may not distribute your username and password to other individuals in order for them to gain access to MedPAR.*** Any access or use that is inconsistent with these terms is unauthorized and strictly prohibited. Violators will be prosecuted to the fullest extent of the law. **By signing below, I and my supervisor understand and agree to these terms and conditions. I acknowledge that I have read, understand, and will abide by the attached Rules of Behavior.**

Requestor's Signature*: _____ Date*: _____
 Requestor's Supervisor's Signature*: _____ Date*: _____

IHSC INTERNAL USE ONLY – (The following to be completed by IHSC)

Information Verified and Correct: Yes No IHSC Verifier's Initials: _____ Date: _____
 Account Approved: Yes No IHSC Approver's Initials: _____ Date: _____
 IHSC IT Personnel Initials Verifying Account Creation: _____ Date Created: _____

****Failure to complete all required fields legibly will result in an inability of IHSC to create MedPAR Account.***



ICE HEALTH SERVICE CORPS (IHSC)
MedPAR General Rules of Behavior for Users
FAX THIS FORM AND APPLICATION TO: **866-256-8172**



In order to protect and preserve the confidentiality, integrity, and availability of the information maintained in this system, the following Rules of Behavior apply to all users requesting access to the MedPAR system.

System Access

- I understand that I am given access to only those systems for which I require access to perform my official duties.
- I will not attempt to access systems I am not authorized to access.

Passwords and Other Access Control Measures

- I will choose passwords that are at least eight characters long
- Passwords will have a combination of letters (upper- and lower-case), numbers, and special characters.
- I will protect passwords and access numbers from disclosure.
- I will not share passwords and I will not provide my password to anyone, including system administrators.
- I will not record passwords on paper or in electronic form and store them on my workstation, laptop computers, or Personal Electronic Devices.
- To prevent others from obtaining my password via “shoulder surfing,” I will shield my keyboard from view as I enter my password.
- I will not attempt to bypass any access control measures.

Data Protection

- I will protect sensitive information from disclosure to unauthorized persons or groups.
- All Printed MedPAR information will be placed in burn bags or shredded when no longer needed.

Accountability

- I understand that I have no expectation of privacy while using any DHS equipment and while using DHS Internet or e-mail services.
- I understand that I will be held accountable for my actions while accessing and using DHS systems and IT resources.

Training

- I acknowledge that I have completed all privacy and security training as mandated by my organization.

Acknowledgment Statement

I acknowledge that I have read the Rules of Behavior, I understand them, and I will comply with them. I understand that failure to comply with these rules could result in verbal or written warning, removal of system access, re-assignment to other duties, criminal or civil prosecution, or termination.

All password will be supplied over the phone. Once your account has been approved, you will receive an email with a phone number to call to obtain your user id and password. At that time you will need to verify the contact information supplied as well as the identifying information supplied.

Name of User (printed): _____

User's Signature

Date