



Cabinet for Health and Family Services (CHFS) KY-CHILD ACCESS AUTHORIZATION REQUEST

This form must be completed for any person needing access to the KY – Certificate of Birth, Hearing, Immunization and Laboratory Data (KY-CHILD) application via the Kentucky Online Gateway (KOG) secure portal. All information must be accurate and complete, and the form must contain the appropriate authorizing signatures.

To decrease the approval time for access, users may submit the completed form to CHFS via email. If submitting via email, submit completed form for verification to the CHFS KY-CHILD Helpdesk, chfskychild@ky.gov.

Section 1: User Profile (*REQUIRED)

*Full Name:	Request Date:
*Birthing Facility/Agency Name: (If applicable)	
Birthing Facility/Agency Address:	
City:	County:
*User Email Address:	
Primary Phone No:	Extension:

Section 2: Access

I am requesting access for the following checked (✓) tasks/roles

Birth Entry/Certificates	Newborn Metabolic Screening (Lab)	Critical Congenital Heart Disease (CCHD) (Pulse Ox Reading)	Hearing Screening
Read-Only	Read-Only	Read-Only	Read-Only
Data Entry	Data Entry	Data Entry	Data Entry

Section 3: Authorization Signatures (*REQUIRED)

*I certify that the job duties of the above user require access to KY-CHILD, and that the access complies with appropriate use as specified in the Intra-Agency Confidentiality and Information Sharing Agreements. (**Users who are licensed midwives or coroners must provide their professional license number and professional license expiration date.)*

*User's Signature:	Date:
*Print/Type Name:	Title:
*Check Box To Acknowledge Electronic Signature:	
**License Number:	**Expiration Date:

(If applicable, please have supervisor/manager sign and complete information below.)

*Supervisor's/Manager's Signature:	Date:
*Print/Type Name:	Title:
*Check Box To Acknowledge Electronic Signature:	
Email Address:	Primary Phone No:

*****OVS signature required for approval for all agencies*****

OVS Signature:	Date:
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*****Office of Administrative and Technology Services (OATS) signature required for final approval*****

OATS Signature:	Date:
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***Note:** Currently, there are three (3) data fields in the KY-CHILD Access Authorization Request form that organizations may consider to be sensitive. These fields are (1) the requestor's name, (2) the requestor's work email address, and (3) the requestor's work address. Depending on your organization's security policy, this information may be considered sensitive Personally Identifiable Information (PII). Therefore, if your organization feels that this data should not be transmitted electronically through email, which currently does not support end-to-end email encryption, this form should instead be mailed to the address at the bottom of this form.

Address:
CHFS OIT HSSMB
Attn: KY-CHILD Helpdesk
8 Mill Creek Park Rm 108
Frankfort, KY 40621-0001