



# Dauphin County Department of Public Safety EMS and Fire Service MDC/NetViewer Account Request Form

Dauphin County Department of Public Safety (DCDPS) controls and monitors access to its network. Only authorized users will be able to access specific areas of service, including Mobile.

To receive authorization, the User Agency shall return the completed Account Request Form (ARF) to DCDPS signed by the User Agency MDC Coordinator. DCDPS will evaluate and authorize areas of service based on the information reported on the ARF.

Access Requested:                      MDC(MPS)                      NetViewer

Requesting Agency / Department Name: \_\_\_\_\_

Name of user requesting access: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

MDC

- Has the above named user received MPS training?
  - Yes (If yes, please provide Trainer's name: \_\_\_\_\_)
  - No
- Has the above named user read and understood the attached MDC SOP(s) and MOU(s)?
  - Yes (If yes, please attach supporting documents)
  - No

Type of NetViewer access requested:     OIC (*read/write access*)     General (*read-only access*)

NetViewer

- Has the above named user been trained in NetViewer?
  - Yes (If yes, please provide Trainer's name: \_\_\_\_\_)
  - No
- Has the above named user read and understood the attached NV SOP(s) and MOU(s)?
  - Yes (If yes, please attach supporting documents)
  - No

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
Print User Agency's MDC Coordinator

\_\_\_\_\_  
Signature of User Agency's MDC Coordinator

\_\_\_\_\_  
Date

### **DCDPS USE ONLY**

Date account created: \_\_\_\_\_

Account (user) ID: \_\_\_\_\_

Initial password: \_\_\_\_\_

Date paperwork filed at DCDPS: \_\_\_\_\_

Date paperwork copy returned to User Agency's NV/MDC Coordinator: \_\_\_\_\_

Date account terminated: \_\_\_\_\_

Account terminated by: \_\_\_\_\_

User Name: \_\_\_\_\_  
(Last name, First Name, Middle Initial)

User Name: \_\_\_\_\_

User Agency Name: \_\_\_\_\_



# Dauphin County Department of Public Safety EMS and Fire Service MDC User Memo of Understanding

This Memo of Understanding, hereinafter referred to as MOU, made and entered into this day,

\_\_\_\_\_, by and between Dauphin County Department of Public Safety, hereinafter known as  
Month Day Year

DCDPS, \_\_\_\_\_, hereinafter referred to as the User Agency, and  
Print User Agency Name

\_\_\_\_\_, hereinafter referred to as the Mobile Data Computer (MDC) User.  
Print User Name

DCDPS is requiring each MDC User, who participates in the Mobile system, to complete the MOU. This MOU shall be signed by the MDC User, the User Agency's MDC Coordinator, and a member of the DCDPS Information Technology staff. The User Agency shall complete and return the MOU to DCDPS prior to any MDC User account being created.

**Below is a description of responsibilities, which the MDC User shall fulfill:**

1. The MDC User shall read, understand, and follow the MDC Standard Operating Guidelines as defined in all applicable DCDPS Standard Operating Guidelines.
2. The MDC User shall not send or receive messages deemed inappropriate under the applicable Dauphin County Standard Operating Guidelines. All messages sent through the Mobile system are logged and stored in the database utilized by the system. These messages could be retrieved and reviewed at any time by request of the User Agency, Court Order, or Subpoena.
3. The MDC User shall contact the MDC Coordinator of the User Agency to solve any issues with the service. The MDC User shall **NOT** contact DCDPS directly for any issues with the Mobile service.

**Violations of this MOU shall result in the MDC User's loss of access to the MDC system.**

_____ Print MDC User's Name	_____ Signature of MDC User	_____ Date
_____ Print User Agency's MDC Coordinator Name	_____ Signature of User Agency MDC Coordinator	_____ Date
_____ Print DCDPS Authority Name/Title	_____ Signature of DCDPS Authority	_____ Date

User Name: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

User Name: \_\_\_\_\_

User Agency Name: \_\_\_\_\_



# Dauphin County Department of Public Safety EMS and Fire Service NetViewer User Memo of Understanding

This Memo of Understanding, hereinafter referred to as MOU, made and entered into this day,

\_\_\_\_\_, by and between Dauphin County Department of Public Safety, hereinafter known as

Month Day Year

DCDPS, \_\_\_\_\_, hereinafter referred to as the User Agency, and  
Print User Agency Name

\_\_\_\_\_, hereinafter referred to as the NetViewer (NV) User.  
Print NV User Name

DCDPS is requiring each NV User, who participates in the NetViewer system, to complete the MOU. This MOU shall be signed by the NV User, the User Agency's NV Coordinator, and a member of the DCDPS I.T. staff. The User Agency shall complete and return the MOU to DCDPS prior to any NV User account being created.

**Below is a description of responsibilities, which the NV User shall fulfill:**

1. The NV User shall read, understand, and follow the NV Standard Operating Guidelines as defined in all applicable DCDPS Standard Operating Guidelines.
2. The NV User shall not send or receive messages deemed inappropriate under the applicable Dauphin County Standard Operating Guidelines. All messages sent through the NetViewer system are logged and stored in the database utilized by the system. These messages could be retrieved and reviewed at any time by request of the User Agency, Court Order, or Subpoena.
3. Homeland Security bulletins may be disseminated using the NetViewer system. The information contained within the bulletins may be sensitive. Therefore, all Homeland Security Bulletins published utilizing the NetViewer system shall be deemed sensitive and treated accordingly.
4. The NV User shall contact the NV Coordinator of the User Agency to solve any issues with the service. The NV User shall **NOT** contact DCDPS directly for any issues with the NetViewer service.
5. Access to computer aided dispatch data through NetViewer may include information relative to law enforcement and/or emergency medical services (EMS). This information may be protected under law and shall be released only with authority from the responsible agency.
6. Emergency Medical Services patient information must remain confidential in accordance with the Emergency Medical Service Act 45 (EMS Act) and the Health Insurance Portability and Accountability Act (HIPAA). Specific questions on release must be directed to the responsible EMS company.
7. Law enforcement information which is under investigation is not releasable by law under the provisions of the Criminal History Record Information Act, Title 18, Pa C.S.A Section 9101, et seq.

**Violations of this MOU shall result in the NV User's loss of access to the NV system.**

_____ Print NV User's Name	_____ Signature of NV User	_____ Date
_____ Print User Agency's NV Coordinator Name	_____ Signature of User Agency NV Coordinator	_____ Date
_____ Print DCDPS Authority Name/Title	_____ Signature of DCDPS Authority	_____ Date

User Name: (Last Name, First Name, Middle Initial)

User Name:

User Agency Name: