BACKGROUND CHECK SYSTEM (BCS)

DSHS BCS Access Request

DSHS authorized service providers who serve vulnerable adults, juveniles, and children may request access to the online Background Check System (BCS) through SecureAccess Washington (SAW) to process background checks. The purpose of this form is for external contracted / authorized service providers (Entity) to request a new Primary Account Administrator (PAA), remove PAA access, or update a PAA username or email address in BCS.

Request Type (Required):

☐ Add New PAA access
Use for new accounts or if you are taking over as PAA, but the current PAA needs to continue to have access to BCS.

☐ Replace PAA access
Use if the current PAA is no longer with the entity / facility. We will remove their access.

☐ Change PAA Name / Email
Use if you need to update your profile with a new name or email address.

Reminders:

- The DSHS BCS Access Request form is only needed for PAA updates. The PAA will add and remove all other BCS users.
- While the account or license number is optional, omitting this information could result in a delay in processing your request. Your license number can be found on the top left-hand corner of your DSHS license.

BCS Business / Entity Account Information	
OPTIONAL: ACCOUNT OR LICENSE NUMBER	**REQUIRED:** ENTITY PHONE NUMBER (AREA CODE)
REQUIRED: ENTITY NAME	
REQUIRED: PHYSICAL ADDRESS OF ENTITY / PROVIDER / FACILITY	

PAA Information for BCS User Profile		
REQUIRED: FIRST NAME	MIDDLE INITIAL	**REQUIRED:** LAST NAME
REQUIRED: POSITION / TITLE		PHONE NUMBER (AREA CODE)
REQUIRED: INDIVIDUAL EMAIL ADDRESS (NO GENERIC / SHARED EMAIL ADDRESSES)		

DSHS BCS User Agreement on System Usage and Non-Disclosure of Confidential Information

The online Background Check System (BCS) is for authorized entities, such as Department programs and authorized service providers, to complete background checks for those who serve vulnerable adults, juveniles, and children, or have access to sensitive information. Prior to accessing this Information, you must sign this DSHS User Agreement System Usage and Non-Disclosure of Confidential Information.

Confidential Information

"Confidential Information" includes "Personal Information" or "Criminal History Record Information."

"Confidential Information" means a report of abandonment, abuse, financial exploitation, or neglect made under chapter 74.34 RCW, the identity of the person making the report, and all files, reports, records, communications, and working papers used or developed in the investigation or provision of protective services.

"Personal Information" means information that is identifiable to any person, including, but not limited to: information that relates to a person's name, health, finances, education, business, use of receipt of governmental services or other activities, addresses, telephone numbers, Social Security Numbers, driver license numbers, other identifying numbers, and any financial identifiers.

"Criminal History Record Information (CHRI)" means information about the history of an individual's contacts with state, federal, or foreign law enforcement agencies. CHRI (aka "FBI rap sheet", "national criminal history record", or "fingerprint criminal history record") includes details of an individual's arrest date, the arrest charge, and the disposition of the arrest, if known.

Regulatory Requirements and Penalties

State and Federal laws prohibit unauthorized access, use, or disclosure of Confidential Information, Personal Information, and Criminal History Record Information (including, but not limited to, chapter 42.56 RCW; RCW 74.34.095; U.S. Department of Justice, Criminal Justice Information Services Security Policy, Version 5.9 (CJISD-ITS-DOC-08140-5.9) (June 1, 2020), as amended; 28 U.S. Code § 534; 28 CFR § 20.33; and 28 CFR § 50.12). Violation of these laws may result in criminal or civil penalties or both.

User Access Terms

In consideration for DSHS granting me access to the Background Check System (BCS) and the Confidential Information in this system, by signing my name below, I AGREE, I UNDERSTAND AND ACCEPT THE FOLLOWING TERMS OF USE FOR ACCESSING THE BACKGROUND CHECK SYSTEM (BCS):

1) BCS is a restricted information system maintained by the Washington State Department of Social and Health Services (DSHS).
2) BCS contains confidential and restricted information that I will protect as required by federal and state law.
3) I will comply with applicable DSHS confidentiality and security policies.
4) Unauthorized use of BCS or any records accessed through BCS is prohibited and may be subject to criminal and/or civil penalties or may result in formal disciplinary action by DSHS, including termination of my employment or contract.
5) If I have potential access to CHRI (national (fingerprint) criminal history records), I have completed Criminal Justice Information System (CJIS) Security Awareness Training.
6) The use of criminal history record information obtained through a national (fingerprint) check must comply with the CJIS Security Policy, 28 CFR Part 20 – Criminal Justice Information Systems, and 28 U.S. Code § 534.
7) Dissemination or use of national criminal history records for any other purpose is a violation of federal law.
8) System usage may be monitored, recorded, and is subject to audit.
9) If I have any questions regarding federal, state, or DSHS requirements around system usage, or require access to applicable confidentiality and security policies, I will contact my direct supervisor or program contact.
10) Use of this system indicates consent to monitoring and recording of my system usage and indicates I understand and agree to comply with the above terms.

Signature

REQUIRED: BCS USER'S SIGNATURE	DATE	**REQUIRED:** BCS USER'S PRINTED NAME

BCS access may take up to three (3) business days. If the adding or removal of access is urgent, please include that information with the request. BCCU will review your request and contact the Authorizer with any questions.

Send your completed and signed DSHS BCS Access Request Form to BCCU one of the following ways:

EMAIL: bccuinquiry@dshs.wa.gov **FAX**: (360)902-7954 **MAIL**: PO BOX 45025, Olympia WA 98504-5025