



**Office of  
Mental Health**

# Confidentiality & Non-Disclosure Agreement (CNDA) Manual

**2026**

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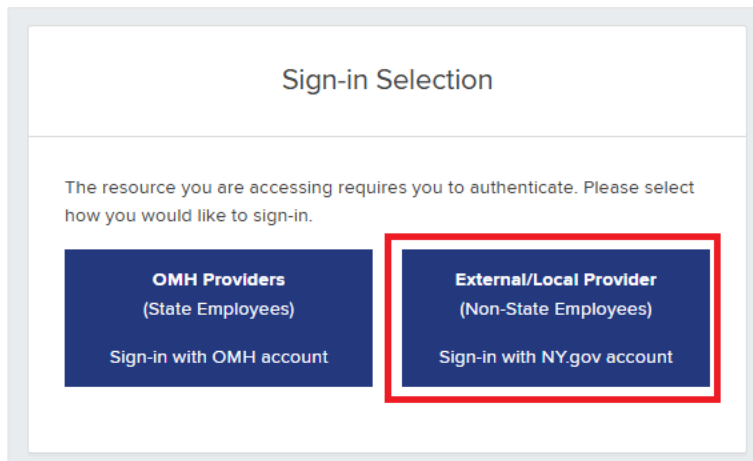
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# 1. Introduction

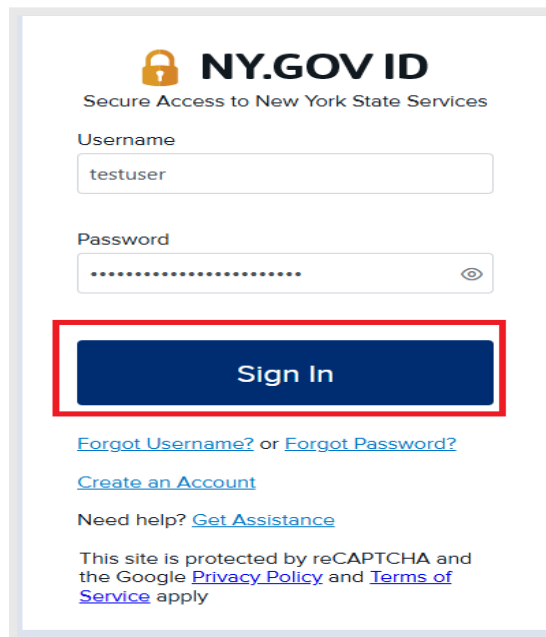
OMH's Information Security Unit requires all external facilities to sign the CNDA prior to granting access to any of the OMH applications. The Confidentiality and Non-Disclosure Agreement (CNDA) is a web-based application used to capture and store electronic signature of the facility director and facility signatory for all external facilities. This user manual provides step-by-step guidance on using the CNDA application.

# 2. Login Process

- 2.1 You must have received an email that includes your username and the CNDA application link.
- 2.2 Click on the application link and the Sign-in Selection page should be displayed.
- 2.3 Click on the external/local providers (Non-State Employees) button from the Sign-in Selection page.



- 2.4 Enter your username (NY. Gov ID) and password. (Refer to section 4 of this document, if you forgot or need to set your password).
- 2.5 Click the Sign In button.



### 3. Viewing and Verifying Demographic Information

- 3.1 Review your demographic information displayed on the CNDA form on the homepage.
- 3.2 Verify that your name, position, email address, work phone number, facility name, address, city, state, and zip code are accurate.

**Electronic Confidentiality & Non-Disclosure Agreement**

**Confidentiality & Non-Disclosure Agreement:**

**Revision: 1.0.0.0 Effective: 04/23/2008**

**I. Purpose of the Agreement**

By signing this Agreement, the signatory (Receiving Entity) agrees that, upon being granted access to certain Information Assets and/or system applications of the New York State Office of Mental Health (OMH Systems), it will comply with the terms of this Agreement with respect to such access. In addition to statutory requirements

**II. Definition of Terms**

For purposes of this Agreement, the following terms are defined:

(I) "Information Assets" : includes, without limitation, data, know-how, formulae, techniques, compositions, methods, processes, concepts, ideas, inventions, equipment, trade secrets, research, discoveries, designs, sketches, photographs, graphs, drawings, product specifications, customer lists, survey instruments, assessment tools, market studies, financial data, business plans, databases, systems, architectures, notes, analyses, compilations, summaries, personal information related to personnel, users, customers or suppliers, and any other data prepared by or on behalf of OMH. OMH categorizes its Information Assets by utilizing the following classification status:

A) "PHI (Protected Health Information)" : includes any records that relate to past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care that can be directly or indirectly attributed to an individual.

[View Entire Agreement](#)

**Authorization and Electronic Signature:**

<b>Name:</b>	John Smith
<b>Position:</b>	Executive Director
<b>Email:</b>	abc@omh.ny.gov
<b>Work Phone#:</b>	646-123-4567
<b>Facility:</b>	Test Facility
<b>Address Line 1:</b>	55 Main Street
<b>City, State, Zip:</b>	Albany, NY, 12209

- 3.3 If any information is incorrect or outdated, contact the OMH Helpdesk via Phone: 1-800-Help-NYS (1-800-435-7697) Option #2 or Email: [healthhelp@its.ny.gov](mailto:healthhelp@its.ny.gov)

### 4. Accepting the CNDA

- 4.1 Read the CNDA terms and conditions carefully. There are options to cancel, which returns you to the OMH home page. Confirm will process your review and sign off. Print will allow you to print the document for your records.
- 4.2 Click the checkbox "I, [Your Name], agree to the above terms and conditions, and have the authority to legally bind '[Facility Name]' to this agreement".
- 4.3 Click the Accept button.

**Authorization and Electronic Signature:**

**Name:** John Smith  
**Position:** Executive Director  
**Email:** abc@omh.ny.gov  
**Work Phone#:** 646-123-4567  
**Facility:** Test Facility  
**Address Line 1:** 55 Main Street  
**City, State, Zip:** Albany, NY, 12209

Corrections: If any of the above information is incorrect, please use the MHPD application at <https://mhprovider.omh.ny.gov/websalute> to make any changes. If you do not have access to the MHPD application, please contact the office of Mental Health Help Desk at (518)-474-5554 or 1-800-HELP-NYS (1-800-435-7697).

Article III of the New York State Technology Law (Chapter 57-A of the Consolidated Laws of New York), the Electronic Signatures and Records Act (ESRA) §304 (2) states the following, an electronic signature may be used by a person in lieu of a signature affixed by hand. By checking the box to agree to the terms and condition herein, and clicking the 'Accept' button, you are authenticating that you are, in fact, John Doe. Any document electronically approved will be subject to the same laws that are applicable to a paper document you have signed by hand (ESRA § 304 (2)). PROTECT THIS SESSION ACCORDINGLY. Do not allow anyone else access to this application once you have authenticated

\* I, John Smith, agree to the above terms and conditions, and have the authority to legally bind 'Name of the facility' to this agreement.

Cancel Print **Accept**

## 5. Electronic Signature

- 5.1. Review the confirmation message carefully.
- 5.2. Click Confirm to electronically sign the CNDA.

**Confirmation Message** ✕

By clicking the "Confirm" button, you are confirming your electronic signature of the CNDA.

Cancel **Confirm**

- 5.3. The system will display the signed CNDA.
- 5.4. Once the CNDA is signed, it can be printed at any time.

**Authorization and Electronic Signature**

Name: Ann Sullivan  
 Position: Commissioner  
 Email: Ann.Sullivan@omh.ny.gov  
 Work Phone #: 5184745554  
 Facility Name: OMH Central Office  
 Address Line 1: 44 Holland Avenue  
 City, State, Zip: Albany, NY 12229

Signed On: 06/18/2025 03:15:44 PM

Corrections: If any of the above information is incorrect, please use the MHPD application at <https://mhprovider.omh.ny.gov/webse/ute> to make any changes.

If you do not have access to the MHPD application, please contact the office of Mental Health Help Desk at (518) 474-5554 or 1-800-HELP-NYS (1-800-435-7697).

Article 17 of the New York State Technology Law (Chapter 57-A of the Consolidated Laws of New York), the Electronic Signatures and Records Act (ESRA) § 304 (2) states the following, an electronic signature may be used by a person in lieu of a signature affixed by hand. By checking the box to agree to the terms and condition herein, and clicking the 'Accept' button, you are authenticating that you are, in fact, John Doe. Any document electronically approved will be subject to the same laws that are applicable to a paper document you have signed by hand (ESRA § 304 (2)).

PROTECT THIS SESSION ACCORDINGLY. Do not allow anyone else access to this application once you have authenticated.

Print Send Self-Registration Email

## 6. Assigning Security Manager Role

6.1 Click on Send Self-Registration Email menu item.

 An official website of New York State. [Here's how you know](#) v

### Confidentiality and Non-Disclosure Agreement [CNDA]

Office of Mental Health

0000 - OMH Central Office

- Home
- Send Self-Registration Email**
- User Manual
- Support

### Electronic Confidentiality & Non-Disclosure Agreement

#### Confidentiality & Non-Disclosure Agreement

Revision: 1.0.0.0 Effective: 04/23/2008

(A) Information Assets that have a classification status of "PHI", "Restricted", or "Internal;"

(B) all OMH Systems; and

(C) information of a similar nature received by OMH from third parties which OMH is obligated to know, unless Receiving Entity can establish by legally sufficient evidence that such information

(i) was rightfully and lawfully in Receiving Entity's possession before receipt from OMH, provided

6.2 Select one of the radio buttons "I will be the new security manager" or "I need to send an email to a new security manager".

NEW YORK STATE  
An official website of New York State. [Here's how you know.](#) v

## Confidentiality and Non-Disclosure Agreement [CNDA]

Office of Mental Health

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- Home
- Send Self-Registration Email
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### Send Self-Registration Email

Please select one of the following options:

I will be the new security manager

I need to send an email to a new security manager

6.3 If the director chooses to serve as the Security Manager for the facility, then they must select the first radio button option and click on submit button. This action, as part of the CNDA process, will trigger an email notification to the facility director for a new role assignment, including instructions to request RSA token and the security manager role will be assigned to the facility director.

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An official website of New York State. [Here's how you know.](#) v

## Confidentiality and Non-Disclosure Agreement [CNDA]

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### Send Self-Registration Email

Please select one of the following options:

I will be the new security manager

I need to send an email to a new security manager

Cancel Submit

6.4 If the director chooses to send an email to a new security manager, then they must select the second radio button option and complete the required information.

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## Confidentiality and Non-Disclosure Agreement [CNDA]

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### Send Self-Registration Email

Please select one of the following options:

I will be the new security manager

I need to send an email to a new security manager

Please enter the name and email address of the new security manager who needs to self-register themselves to get access to the Authorization Management System.

First Name \*  
Enter First Name

Last Name \*  
Enter Last Name

Enter email address \*  
Enter email address

Re-enter Email address \*  
Re-enter email address

Cancel Submit

6.5 Click the Submit button.

6.6 The system will send an email notification with a link to the AMSSR application to self-register to a new security manager selected by the Director.

## 7. Email Notifications

7.1 The following email notification is sent to the facility director or signatory when first radio button is selected.

Dear Test Test,

You have been **GRANTED** Security Manager access for Test Facility (for user manual). To access this application, have your RSA token available. If you don't have a token, please refer to the information below.

**Your user ID:** L2222RB2

**AMS Application URL:** <https://ams.omh.ny.gov/>

### **Quick links:**

AMS Reference Manual, Available within the application.

To create a new password, visit <https://my.ny.gov/LoginV4/login.xhtml> and click "**Forgot Password**". Enter the username provided above, select "**Reset using email**", and click **Continue**.

**Note:** The password reset email will be sent from (NY.gov), not OMH. Please click on the link within the email to continue the activation process. You must select and answer security questions prior to being able to set a password.

Once the password is set, if you don't have a software or hardware token, then you will need to request one within the Self-Service Console [mytoken.ny.gov/console-selfservice/SelfService.do](https://mytoken.ny.gov/console-selfservice/SelfService.do). Please follow the steps in the following link [PDF link](#).

[If you need assistance or have received this email in error, please contact the OMH Help Desk at 518.474.5554 or 1.800.HELP.NYS \(1.800.435.7697\) or via email at \[healthhelp@its.ny.gov\]\(mailto:healthhelp@its.ny.gov\)](#)

Information Security Office  
NYS Office of Mental Health

Ref #: 9178

PLEASE DO NOT REPLY TO THIS EMAIL. THE MAILBOX IS NOT MONITORED.

7.2 The following email is sent to a new security manager with a link to the AMSSR application to self-register, when second radio button is selected.

Dear First Name and Last Name,

Your Facility Director has designated you as a Security Manager for your facility. Security Managers use AMS to grant, approve or deny staff persons (from your facility) access to certain OMH applications, and the security groups within the applications. To be a Security Manager for Test Facility, you must complete the self-registration form. **Please click on the link below.** If you have an existing OMH application user ID for your facility, have it available when you click the link. If your link does not work or has expired, please reach out to your Facility Director to resend the link from the CNDA Application to you.

AMS self-registration link (expires in 24 hours):

[https://amssr-qa.omh.ny.gov/invite/egq43fk\\_qgca28i\\_xy2jflmk29a2-e69ye9uyozv](https://amssr-qa.omh.ny.gov/invite/egq43fk_qgca28i_xy2jflmk29a2-e69ye9uyozv)

If you need assistance or have received this email in error, please contact the OMH Help Desk at 518.474.5554 or 1.800.HELP.NYS (1.800.435.7697) or via email at [healthhelp@its.ny.gov](mailto:healthhelp@its.ny.gov)

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