

**GENERAL DISTRIBUTION**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 152.03**

**EFFECTIVE DATE: 16 August 2023**

**SUBJECT: OFFENDER INFORMATION  
SYSTEM (OIS) ACCESS**

# **POLICY DIRECTIVE**

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**PURPOSE:**

To provide a mechanism for employees of the Division of Corrections and Rehabilitation to agree and acknowledge the confidentiality of information contained in the Offender Information System (OIS) and for non-employees to request access to OIS.

**REFERENCE:**

None

**RESPONSIBILITY:**

No additional written instructions on this subject are required.

**CANCELLATION:**

Any previous written instruction on the subject including DOC Policy Directive 152.03, dated 01 June 2006.

**APPLICABILITY:**

All facilities and work units within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution.

**DEFINITIONS:**

**Employee** – Any person who works in or for the WV Division of Corrections and Rehabilitation. For the purpose of this Policy Directive, this includes but it is not limited to full-time, part-time, temporary, provisional, probationary, and permanent status employees of the State of West Virginia; and contractors and their employees.

**POLICY:**

- I. Division of Corrections and Rehabilitation (DCR) employees will be granted access to the Offender Information System (OIS) based on the particular needs required by their job responsibilities.
  - A. Information contained in the system is confidential and not to be disclosed other than in functions of the user's job duties.
  - B. Accordingly, all employees are required to read and sign the OIS Confidentiality Agreement (**Attachment #1**) during orientation. (All employees who have do not have a signed Agreement on file upon the effective date of this Policy will be required to read and sign an agreement.)
  - C. Signed copies will be maintained in the employee's personnel file (or similar file for contractors and their employees).
- II. Individuals not considered employees by the above definition, such as employees of other state agencies, requiring access to OIS for their job duties will complete an OIS Access Request Form/Confidentiality Agreement (**Attachment #2**) and submit to the DCR Director of Information Technology for approval.
- III. The DCR reserves the right to revoke access to OIS at any time without notification.

**ATTACHMENT(S):**

- #1 Offender Information System (OIS) Confidentiality Agreement
- #2 Offender Information System (OIS) Access Request Form/Confidentiality Agreement

APPROVED SIGNATURE: \_\_\_\_\_

*William K. Marshall III*

William K. Marshall III, Commissioner

*08/16/2023*

Date

## WEST VIRGINIA DIVISION OF CORRECTIONS & REHABILITATION

### OFFENDER INFORMATION SYSTEM (OIS) CONFIDENTIALITY AGREEMENT

I understand that as an employee of the West Virginia Division of Corrections and Rehabilitation I have access to certain information contained within the Offender Information System (OIS). I hereby agree that I will not access this system for matters not related to my job duties and responsibilities. I agree that I will not disclose any of this information to unauthorized parties. I understand that doing so can, and may subject me to discipline, up to and including dismissal from employment. I understand that the information contained therein is accessible to me to assist in the day-to-day functions of my job, and that I should not use the system in any way that is not in conjunction with my job duties and performance.

Name (Print or Type): \_\_\_\_\_

Signature: \_\_\_\_\_

Facility or Work Location: \_\_\_\_\_

Date: \_\_\_\_\_

**WEST VIRGINIA DIVISION OF CORRECTIONS & REHABILITATION  
OFFENDER INFORMATION SYSTEM (OIS)  
ACCESS REQUEST FORM/CONFIDENTIALITY AGREEMENT**

Email to [DCRITSupport@wv.gov](mailto:DCRITSupport@wv.gov)

I hereby request access to the West Virginia Division of Corrections and Rehabilitation Offender Information System (OIS). I acknowledge that I have been instructed and understand that information obtained by me or otherwise provided to me via access to OIS shall (1) be used only for official business; and (2) this information will not be revealed to any other person for any purpose except where to carry out the official business.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Contact (can confirm employment): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Purpose for Access:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approval:

\_\_\_\_\_  
WVDCR Director of Information Technology

\_\_\_\_\_  
Date

NOTE: Every effort has been made to report accurate and complete information. Any questions concerning the accuracy of this information should be submitted to the facility housing the offender.

Denied: \_\_\_\_\_

Denied Reason: \_\_\_\_\_