



**Bureau of Criminal History Information
NYS Office of Mental Health
44 Holland Avenue
Albany, NY 12229**

Authorized Person Notarized Sworn Statement Criminal History Information Tracking System (CHITS)

The purpose of this form is to attest that all requests made by each authorized person for criminal history information reports from the New York State Division of Criminal Justice on prospective employees, volunteers or natural person operators will be made in conformance with provisions of Chapter 575 of the Laws of 2004.

INSTRUCTIONS:

1. One form must be completed for each Authorized Person designated by the Provider.
2. Enter the Provider name in Part 1 of this form.
3. The Authorized Person completes Part 2 of this form in the presence of a Notary Public.
4. This form must be notarized and mailed to the Bureau of Criminal History Information (BCHI) at the address above.
5. Access to CHITS is provided following receipt of both the Authorized Person Designation Form and this Authorized Person Notarized Sworn Statement by BCHI.

Part 1. Authorized Person (Please Print)

OMH CRIMINAL HISTORY RECORD CHECK STATEMENT

By submitting a request for a criminal history record review through the Office of Mental Health Criminal History Information Tracking System (CHITS) on behalf of the following provider of services _____, I hereby attest to the following:

1. I am a duly Authorized Person, as defined in Section 845-b of the Executive Law, for the above-named provider of services. As such, I am authorized to request, receive, and review criminal history information for this provider of services in accordance with this statute.
2. Each entry for an individual for whom a criminal history check will be requested has been made in CHITS by a person duly designated and authorized by me to access this secure system. Each such entry shall identify the individual by his or her name, and will confirm that said individual is either a prospective operator, employee, or volunteer of the provider of services who will have regular and substantial unsupervised or unrestricted physical contact with the provider's clients (i.e., a "subject individual" as defined in Section 845-b of the Executive Law). For each entry, the specific duties which qualify the aforementioned provider to request a check of such individual's criminal history information by law will be identified.
3. Each subject individual will be informed that the provider of services identified above is authorized to request criminal history record checks and to review the results of such checks.
4. Each subject individual will be informed that he or she has the right to obtain, review and seek correction of his/her criminal history information under regulations and procedures established by the New York State Division of Criminal Justice Services. The signed, informed consent of each subject individual will be obtained prior to requesting a criminal history record check.
5. The results of each criminal history information check generated as a result of the CHITS entry will be used by the above-named provider of services solely for the purposes authorized by law.
6. Upon information and belief, the above-named provider of services, its agents, and employees are aware of and will abide by the confidentiality requirements and all other provisions of Chapter 575 of the Laws of 2004.

Part 2. Authorized Person Signature and Notary Acknowledgement

Authorized Person Signature:		Title:
Print Name:		Date:

Provider Name: _____

Acknowledgment to be completed by a Notary Public

State of _____

County of _____

On this ____ day of _____, 20____, before me personally appeared _____

To me known and known to me to be the same person described in and who executed the foregoing instrument, and ___he duly acknowledged to me that ___he executed same.

Notary Public
(Please sign, affix stamp and include expiration date.)