

ATTACHMENT A

MSPHL Individual User Agreement Form

Submit Form

Click to submit form or email to: MSPHLInformatics@health.mo.gov

Please complete this form to request addition or removal of an individual's access to DHSS/SPHL's Lab Web Portal (LWP)/Newborn Screening Web Portal/OpenELIS Web Portal. DHSS/SPHL will only consider request forms in which all of the fields have been completed and which contain both the user's and the supervisor's signature. If the organization has multiple locations you will need to access results for, please include additional facility addresses on form. If there are more than three locations please complete an additional Attachment A. Users requiring Web Portal access for Newborn Screening results will have statewide access.

Please Print All Responses on this Form Except for the Signature Lines

Add Access to: [] Lab Web Portal (LWP) [] Newborn Screening Web Portal [] OpenELIS Web Portal

Remove Access to: [] Lab Web Portal (LWP) [] Newborn Screening Web Portal [] OpenELIS Web Portal

For questions about which to select, call the MSPHL Help Desk at (573) 522-9560 or email MSPHLInformatics@health.mo.gov

Form with fields: Organization Name, Last Name, First Name, User Role (Lab Web Portal only), Office Name/Unit, Organization Mailing Address, Organization 2nd Location Mailing Address, Organization 3rd Location Mailing Address, Office Telephone Number, Office Fax Number, Email Address, Access Date, Termination Date, Supervisor's Name (Please Print), Supervisor's Phone Number.

By signing this User Agreement Form, I certify that I am eligible to be authorized as an approved user of selected system(s). I also understand that Missouri law and the underlying agreement between my organization and DHSS/SPHL limit my use of selected system(s) data only in the performance of my assigned duties. I will not make any inquires that are not required in the performance of my official duties. I further understand that state and federal law requires confidentiality of the selected system(s) information and provide penalties for unauthorized access, use and/or disclosure of information. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my passwords with anyone.

User Signature and Date _____

Supervisor Signature and Date _____

MSPHL Help Desk (for resetting NBS and LWP passwords): (573) 522-9560

DHSS help Desk (for resetting OpenELIS passwords): 1 (800) 347-0887