

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO Box 570•Jefferson City, MO 65102•1-800-877-6246

Security and Confidentiality Terms for Access to Newborn Blood Spot Results

USER SECURITY AGREEMENT

This User Security Agreement (“agreement”) between the Department of Health and Senior Services (DHSS) and the individual recorded below sets forth expectations for privacy, security and confidentiality with respect to accessing newborn blood spot screening results through the DHSS State Public Health Laboratory **Newborn Screening Laboratory Report Access Portal** (technically known as “Secure Remote Viewer system”)and/or the Bureau of Genetics and Healthy Childhood’s **Public Health Profile (PHP)**. By completing and signing this form the Facility and identified User state that the identified User has a *legitimate health care need* to access the DHSS State Public Health Laboratory Newborn Screening Laboratory Report Access Portal for newborn blood spot screening results and/or to access the PHP *solely* for purpose of assisting a health care professional to provide health care and treatment of an individual pursuant to section 191.317, RSMo.

Please complete all information for each individual requesting User Access.

USER	
User’s Name	
Title/Role	
Email address	
Telephone Number	
Facility	
Facility Name	
Name & Title of Authorized Signatory for Facility	
Facility Mailing Address	
Facility Telephone Number	

I request approval for access through (check access requested):

Newborn Screening Laboratory Report Access Portal only	
Public Health Profile only	
Newborn Screening Laboratory Report Access Portal & Public Health Profile	

If I am approved access to Newborn Screening Results via the **Newborn Screening Laboratory Report Access Portal** and/or **Public Health Profile**:

- I shall comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the HIPAA Privacy Rule, the HIPAA Security Rule, the Health Information Technology for Economic and Clinical Health (HITECH) Act, and all applicable requirements for Meaningful Use for administrative, technical, and physical safeguards, including but not limited to:
 - I shall safeguard my user name and password and not share it with any other user.
 - I shall ensure DHSS is notified at 1-800-877-6246 immediately if my username or password is compromised or if I no longer require access to support medical provider access pursuant to section 191.317, RSMo.
 - I shall only use a computer properly equipped to access through an internet browser with appropriate safeguards.
 - I shall ensure my computer and network are configured to include appropriate antivirus software, firewalls, security patches, and other controls that will prevent security risks to the DHSS network and resources.
 - I shall limit my access to a health care purpose pursuant to section 191.317 RSMo.
 - I shall fill out an electronic request through the DHSS Automated Security Access Processing (“ASAP”) system to obtain access to the Newborn Screening Laboratory Report Access Portal and/or PHP.
- I understand my access is limited to read and print only.
- I understand that the department can terminate my access at anytime if I violate this agreement.

I understand that DHSS will provide limited technical assistance for the **Newborn Screening Laboratory Report Access Portal** and/or **PHP** through the HELP DESK. The phone number for the HELP DESK is 1-800-347-0887. The Help Desk operates from 7:00 AM to 6:00 PM, Monday through Friday (not available on Holidays or weekends).

USER

By signing this agreement I, the User, swear and affirm under penalty of perjury that I understand, agree and will adhere to the terms of this agreement and that the Facility and I will be responsible for any and all liability for failure to do so, including but not limited to liability for an improper access, use, disclosure, or breach of information resulting from my conduct.

User's Signature

Date

FACILITY SIGNATORY

By signing this agreement, I swear and affirm under penalty of perjury that I am authorized to sign this document on behalf of the Facility and that I understand and agree that the Facility shall adhere to the terms of this agreement, that the Facility has approved the User’s request for access and that the User and the Facility shall be responsible for any and all liability for failure to do so, including but not limited to liability for an improper access, use, disclosure, or breach of information from the conduct of the Facility or the User.

I shall notify DHSS promptly upon becoming aware of any risks or vulnerabilities to the **DHSS Newborn Screening Laboratory Report Access Portal** and/or **PHP** due to the access provided by means of this agreement.

I shall notify DHSS promptly upon becoming aware of a violation of this agreement by Facility or User.

I shall notify DHSS promptly if the User no longer requires access to perform the job function of assisting a medical professional requiring access under section 191.317 due to reassignment, resignation, termination, death, a violation of the terms of this agreement or other ineligibility, such as by OIG exclusion.

Signature of Authorized Signatory for Facility Date

DHSS (Mark approval granted and date of approval)

DATA	DATE	Approved/Approved by
Portal Only		
PHP Only		
Portal and PHP		

Authorized Signatory for DHSS Date

Title

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