

Renewal Database User Instructions

Step 1. Select "Renewal."

Request Type *

Please select the type of user that you are.

- ☐ New Database Access
- ☒ Renewal
- ☐ Deactivating a User

Step 2. Complete the user information.

- Name, email, agency, and site location – If you do not see your agency, please email TBHIVSTDAccountRequests@dshs.texas.gov.

User information

*Note: New access requests and renewals must be filled out by the employee/contractor.

First Name *

Middle Initial

Last Name *

Email Address *

Agency/Site Location *

Step 3. Select the diseases you work with.

Please select the disease(s) you work with *

- ☐ HIV
- ☐ STD
- ☐ TB

Step 4. Select the databases for renewal.

Databases Requested *

Please select all that apply

- ☐ THISIS
- ☐ NEDSS
- ☐ GlobalScape
- ☐ eHARS
- ☐ NTIP
- ☐ TB GIMS
- ☐ EDN
- ☐ Other

Step 5. Complete approval information.

- Enter your manager or supervisor's name, phone number, and email.
- Select yes if your local responsible party (LRP) is the same as your manager or supervisor.

Step 6. Complete the LRP's name and email for your agency if the LRP is different from your manager or supervisor.

Is the (LRP)Local Responsible Party the same as Manager/Supervisor? *

Please check the box if the LRP is the same as the Manager/Supervisor

- ☐ Yes
- ☒ No

(LRP)Local Responsible Party *

(LRP)Local Responsible Party Phone

(LRP)Local Responsible Party Email *

Step 7. Read the Information Security Acceptable Use Agreement (AUA).

- Select whether you have read the AUA.
- Type your name if you agree to the AUA.

Information Security Acceptable Use Agreement

Before signing this agreement, read the Information Security Acceptable Use Policy in its entirety and make sure that you understand it.

[Information Security Acceptable Use Policy](#)

If you need help accessing the policy, speak to your supervisor or contract manager

Acceptable Use Agreement *

I have read, understand, and will comply with the requirements in the Information Security Acceptable Use Policy.

☐

Please type your name if you agree to the Acceptable User Agreement *

Step 8. Read the TB/HIV/STD Confidentiality Agreement.

- Select whether you have read the TB/HIV/STD Confidentiality Agreement.
- Type your name if you agree to the TB/HIV/STD Confidentiality Agreement.

TBHIVSTD Confidentiality Agreement

Please refer to PDF form link on the DSHS website to read the full agreement.

[Confidentiality Agreement](#)

I have read, understand, and will comply with the requirements of the Confidentiality Agreement *

☐

To agree, please retype your name. *

Step 9. Upload your TB/HIV/STD Data Security and Confidentiality Certificate.

TB/HIV/STD Data Security and Confidentiality Certificate

*Please upload your TB/HIV/STD Data Security and Confidentiality Certificate

File Upload

Drag and drop files here or [browse files](#)

Step 10. Submit the request for approval.

☐ Send me a copy of my responses

Submit

Step 11. The user will receive an email confirmation of the HIV/STD User Request copy from Smartsheet.

Thank you for submitting your entry. A copy is included below for your records.

v2 HIV/STD User Requests - Copy

Request Type	New Database Access
First Name	Barbara
Middle Initial	
Last Name	Jennings
Work Phone	
Email Address	barbara.jennings@dshs.texas.gov
!!!!Agency/Site Location/Agency Name	DSHS CO
Department Name	HIV/STD
Region/Site	DSHS CO
Employee Category	DSHS Central Office (Austin) Employee
Databases Requested	THISIS