



Email request to: Remotelabsupport@dshs.texas.gov

FACILITY SECURITY AGREEMENT

For Laboratories, Hospitals, Providers, State/Local Health Facilities

Facility Name			
Facility Mailing Address			
Facility City, State, Zip			
Facility 8-digit Submitter ID required for NBS and/or Microbiology	Facility 9-digit TPI required for Clinical Chemistry	Facility 10-digit NPI (required)	
Facility Administrator <i>Name and Title</i>	Printed Name:	Title:	
Telephone Number, Ext			
E-mail Address (work email only)			
Tests currently submitted to:	Austin Laboratory	South Texas Laboratory	
Stop receiving a hard copy (mailed) DSHS final result report(s) to Facility? *1 Yes No			
** Please select the type of report(s) needing access to (Must make a selection or request will not be processed) **			
<input type="checkbox"/> Newborn Screening <input type="checkbox"/> Clinical Chemistry = Lead, Total Hemo, Hg Electro, Glucose, etc <input type="checkbox"/> Microbiology = TB, STD, etc			
<input type="checkbox"/> EPI Role via Portal – (EPI Role form required) <input type="checkbox"/> EPI Role via Citrix (Used by LRN Facilities) <input type="checkbox"/> Labware			

This agreement between the Department of State Health Services (DSHS) and “the Facility” recorded above sets forth expectations for security and confidentiality with respect to the DSHS Information Resources (IR), (network, software and all associated data). The Facility is a laboratory, hospital, healthcare provider or state/local health facility that has a legitimate need to access this system as verified by the DSHS Laboratory Services Section. DSHS limits access to records and data relevant to the specified facility’s patients and laboratory specimens.

All Facility personnel provided access to DSHS IR must comply with DSHS Security Policies, as well as federal and state confidentiality laws including, but not limited to, the Health Insurance Portability and Accountability Act. The Facility is responsible for training all facility personnel who will be provided access to the DSHS IR, and for monitoring and enforcing compliance with DSHS and facility computer usage policies. All Facility personnel must sign and agree to comply with the requirements of the DSHS Confidentiality & Non-disclosure Agreement before being provided access to DSHS IR. This Agreement fulfills this requirement only for the Facility Administrator executing the agreement.

The Facility will not use or disclose any information contained in the DSHS IR, except as authorized by state and federal law. The user name and password used to access the system will also be safeguarded and will not be shared with anyone, including other facility personnel. The Facility will notify DSHS immediately if a username/password is compromised, if a user’s job duties change, and/or if a user is terminated.

The facility will maintain computers properly equipped to access DSHS IR through an Internet browser and will provide reliable Internet service. The facility’s computers and network will be configured to include appropriate anti-virus software, firewalls, security patches and other controls that will prevent security risks to the DSHS network and to its resources. DSHS will provide limited technical assistance in accordance with laboratory support procedures.

Failure to comply with the Security Agreement requirements may result in termination of the agreement and access to DSHS IR. This agreement will be renewed annually for compliance; otherwise, it is effective until terminated.

I agree that this facility will adhere to the terms of this agreement.

Facility Administrator’s Signature (required)

Date

DSHS LAB STAFF ONLY:

LIMS Accounts: <input type="checkbox"/> Newborn Screening <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Microbiology <input type="checkbox"/> EPI Role via Portal <input type="checkbox"/> Epi Role via Citrix <input type="checkbox"/> Labware	Date:
RDS Access	
Database Updated	
By:	



Email request to: Remotelabsupport@dshs.texas.gov

Facility Security Agreement Form Instructions

Facility Information:

- **Facility Name** – Name of clinic that will submit tests remotely or print reports remotely.
- **Facility Mailing Address** – Complete mailing address of Facility.
- **Facility 8-digit Submitter ID Number** – DSHS assigned clinic identification number for Newborn Screening and Microbiology tests. Can be found next to submitter name on result reports or in Section 1 of the specimen submission form(s).
- **Facility 9-digit TPI Number** – TMHP assigned clinic Medicaid Texas Providers Identification number for submission of Texas Health Steps / Clinical Chemistry tests. Can be found next to submitter name on result reports or in Section 1 of the specimen submission form(s).
- **Facility 10-digit NPI Number** – National Provider Identifier number.
- **Facility Administrator** – Name and Title of Facility Administrator. This is usually the office manager.
- **Telephone Number, Ext** – Telephone number of the Facility Administrator.
- **E-mail** – Email address of the Facility Administrator. **Only work email address are acceptable.** If a personal email address is provided, your request will not be processed. DSHS will include your e-mail in the web application – Remote Users distribution list to inform you about any important updates or as part of troubleshooting.
- **Tests Currently Submitted To** – Indicate the DSHS Laboratory your Facility submits its tests to. Default is Austin Laboratory.

Security Agreement:

- **Facility Administrator** – The point of contact at the Facility that can authorize web user setup, web user termination and maintain current Facility and provider information. This is usually the office manager.

Please submit the completed form to DSHS Remote Laboratory Support:

- **Email** – remotelabsupport@dshs.texas.gov
- **Fax** – Attention: Remote Lab Support, (512) 776-7223. Due to high demand, faxing is not recommended
- For further assistance or additional clarification, please e-mail remotelabsupport@dshs.texas.gov.