TEXAS Health and Human Services | **Texas Department of State Health Services**

REMOTE USER SECURITY RIGHTS AND CONFIDENTIALITY FORM

One DSHS Laboratory Remote User Security Rights and Confidentiality Form must be completed and submitted for each person to be set up for remote access. The requesting Facility Administrator will sign and date this form. Scan and e-mail the form to DSHS Laboratory. ***Due to high demand, faxing is not recommended***.   E-mail: **remotelabsupport@dshs.texas.gov**   Attn: Remote Lab Administrator

Section 1: Applicant Contact Information (Please fill out all *Required* fields) **PLEASE PRINT**

Applicant
NAME: Last _____ First _____ MI _____

Applicant's E-mail
(Work Email Required): _____

Phone #: _____   Fax #: _____

Facility 8-digit Submitter ID: _____   Facility 9-digit TPI: _____
Required – Newborn Screening or Microbiology   **Required – Clinical Chemistry**

Facility Name: _____   Facility City: _____
Required – Must match Facility Name as on Facility Security Agreement

**Please select the type of report(s) needing access to (Must make a selection or request will not be processed):

☐ Newborn Screening   ☐ Clinical Chemistry = Lead, Total Hemo, Hg Electro, Glucose, etc   ☐ Microbiology = TB, STD, etc

☐ EPI Role via Portal - **EPI Role form required**   ☐ EPI Role via Citrix - **Used by LRN Facilities**   ☐ Labware   Model After:

Section 2: Confidentiality Form

The Department of State Health Services (DSHS) authorizes _____ (*Facility Name*) to access and use the services of online test results and reports. Certain designated facilities (laboratories, hospitals, healthcare providers, etc.) have a legitimate need to access this system in order to review, record, and/or edit data. The facility's authorized personnel will be provided access to information and data that is sensitive, confidential, protected health information, or is otherwise protected from disclosure to unauthorized individuals. To ensure the integrity, security and confidentiality of DSHS information and data, all individuals who obtain access to DSHS information resources agree to treat all information and data as highly sensitive, confidential and protected from disclosure. Except as authorized by state and federal law, (including, but not limited to, the Health Insurance Portability and Accountability Act), publication, disclosure or discussion of any information or data observed during the use of this service is strictly prohibited.

I _____ a representative of _____ (*Facility Name*) am using this service on behalf of the named facility for the limited purpose of the agreement between DSHS and the facility. I understand and agree to the limited terms and conditions of this agreement.

I also understand that DSHS is required by law to protect the confidentiality and security of its network and the data and information maintained by the department from outside disclosure, and that even an inadvertent disclosure could result in serious security or confidentiality breaches resulting in the loss, destruction or disclosure of sensitive and confidential information maintained by the department. I understand that I am also responsible for the confidentiality of the system's configuration and network architecture. I further understand that my breach of this agreement could result in violation of state and federal laws, under which civil and criminal penalties could be assessed for each violation.

I agree that I will not disclose nor release my username and password to anyone at any time. In the event my username and password have been compromised, I will immediately contact DSHS so that my account can be inactivated immediately. A new account will be issued to me with a new username and password. State and federal law provides civil and/or criminal penalties for use or disclosure beyond the limited purpose of the performance of this service.

Applicant's Signature _____   **Date** _____

Facility Administrator's Printed Name and Signature _____   **Date** _____

Section 3: Account Termination.
☐ Terminate Web User Account Access   Date: _____

Facility Administrator's Printed Name and Signature: _____
Printed Name   *Signature*

DSHS LAB STAFF ONLY:

LIMS Accounts:	☐ Newborn Screening ☐ Clinical Chemistry ☐ Microbiology	Username:
	☐ EPI Role via Portal ☐ Epi Role via Citrix ☐ Labware	
RDS Access Database Updated By:		Date:

Security Rights and Confidentiality Form Instructions
Fill out each section for the remote user. Please submit one form per remote user.

Section 1: Applicant Contact Information
- **Last name, First Name, Middle Initial** – The user that will be setup for web application use or as a role within the application. Must be the information for the user signing the Applicant's Signature field of the Confidentiality Form.
- **E-mail** – DSHS will include your e-mail in the web application – **Only work email address are acceptable**. If a personal email address is provided, your request will not be processed. Remote Users distribution list to inform you about any important updates or as part of troubleshooting.
- **Phone #** – Of the clinic that will submit tests remotely or print laboratory reports remotely.
- **Fax #** – Of the clinic that will submit tests remotely or print laboratory reports remotely, fax machine must be in a secured location.
- **8-digit Submitter ID** – DSHS assigned clinic identification number required 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).
- **9-digit TPI** – TMHP assigned clinic Medicaid Texas Provider Identifier number required for submission of Clinical Chemistry tests. Can be found next to submitter name on result reports or in Section 1 of the specimen submission form(s).
- **Facility Name** – Name of clinic that will submit tests remotely or print reports remotely; Facility Name as on Facility Security Agreement.
- **Facility City** – City of clinic or Facility.

Section 2: Confidentiality Form
- **Facility Name** – Name of clinic that will submit tests remotely or print reports remotely; Facility Name as on Facility Security Agreement.
- **Laboratory Services –** Newborn Screening, Clinical Chemistry and/or Microbiology
  - **Newborn Screening** performs Newborn Screening tests
  - **Clinical Chemistry** performs tests such as Lead testing, Total Hemoglobin, Hg Electrophoresis, Glucose, etc.
  - **Microbiology** performs tests such as TB, HIV / STD, Rabies, Rubella, Serology, Molecular, Parasite, Flu, Virology, etc
- **Applicant's Signature** – The person that has his/her information filled out in Section 1.
- **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.

Section 3: Account Termination
- **Terminate Web User Account Access** – when access is no longer needed by the web user. The Facility Administrator is to check-off the check box, sign and date the form, scan and email to remotelabsupport@dshs.texas.gov

EPI Remote User Form:
- Access Level – Select the one level: County (specific to individual counties), Region (specific to Region) or State (whole State of Texas)
- Public Health Region – Select the Region User will need to monitor
- County(s) Monitoring – Provide County(s) User will need to monitor. You must provide counties or access will not be granted.
- Lab(s) – Select the Lab (results) User will need to retrieve reports (see below for additional definitions):
  - EAIDU: AUS_SR, AUS_VIRO, CLIN_PARA, MICRO, SEROLOGY, VIROLOGY
  - HAI: AMD, AUS_C_MOLE, CLIN_BACT, CLIN_MOLEC
  - Zoonosis: AUS_VIRO, CLINARBO, VIROLOGY
  - TB: AFB, AUS_MYCO, MYCO
  - HIV/STD: SEROLOGY, STD
- 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.
- Telephone Number – Phone number to the Facility Administrator
- E-mail Address – Facility Administrator's work email address. Personal email addresses are not permitted
- Tests currently submitted to – Identify if specimens are submitted to Austin Lab or South Texas Lab. Note, STL reports are not available via the web portal
- Is the facility a LRN – Is Facility a Laboratory Response Network
- Is the facility needing Citrix Access – Direct access to Labware

Please submit the completed form to DSHS Remote Laboratory Support:
- **Emai**l – 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