

# Birth Registrar Certification



## Texas DSHS Confidentiality and Non-Disclosure Agreement

### TEXAS DEPARTMENT OF STATE HEALTH SERVICES CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

The Texas Department of State Health Services (DSHS) has authorized

\_\_\_\_\_  
Name of Birth Registrar

to register birth information. The facility's 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 must agree to treat all information and data as highly sensitive, confidential and protected from disclosure. Publication, disclosure or discussion, except as authorized by DSHS, of any information or data observed during the course of using this service is strictly prohibited.

State and federal law may provide civil and/or criminal penalties for uses or disclosure beyond the limited purpose of the performance of this service.

**Each person who is responsible for registering birth records is required to sign 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 the facility is also responsible for the confidentiality of the servers' configurations and network architecture. I further understand that my breach of this agreement could result in violations of state and federal laws, under which civil and criminal penalties could be assessed for each violation.

I agree that I will not disclose, release or use any of the information obtained in connection with the use of this service and from my having access to information and data maintained by DSHS. I agree that I will not reproduce in any way, including taking notes, photographs or producing handwritten memos, the content or the uses of the birth information and data.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date