



Request For Texas Electronic Registrar (TER) For Hospitals, Birthing Centers, Midwife Birth Registration

Facility Current Name	
TER Training Attended	
AOP Entity Code	
Medicaid Facility License Provider Number (Should be 9 digits)	
Mailing Address	
City, State, Zip	
County Name	
Local Registrar Office (This is the office where you file your birth certificates at)	
Facility TER Administrator (The person who will receive TER and assign userids and passwords to others.)	
TER Administrator Telephone Number, Ext	()
TER Administrator E-Mail Address (Required)	
2 nd TER Facility Contact (Birth Clerk)	
2 nd TER Facility Contact Telephone Number, Ext	()
2 nd TER Facility Contact E-Mail Address	
Network Support Specialist (NSS) (Computer person)	
NSS Telephone Number, Ext	()
E-Mail Address, NSS or Technical Help Desk	

User Agreement for TER Birth Registration

This agreement is between the Department of State Health Services, (DSHS) and its predecessor agencies, and the facility completing the above information. This agreement sets forth the expectations for effective use of Texas Electronic Registrar in registering births by hospital, birthing centers and midwives. These required practices are intended to ensure the accurate, secure and timely registrations of all births. The terms "facility" and "birthing facility" include hospitals, birthing centers and midwives registering births using the TER system.

The facility will maintain a computer properly equipped to use TER including Internet capability and reliable access to the Internet.

All facility personnel provided access to TER must comply with all DSHS Security and Privacy Policies. The facility is responsible for training all facility personnel who will be provided access to TER and the DSHS network from the facility, and monitoring and enforcing compliance with DSHS and facility policies.

All facility personnel must execute and comply with the requirements of the TER Confidentiality Agreement before being provided access to TER. 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 records of the DSHS, except as authorized by this agreement.

The *TER Mother's Worksheet* must be used to collect the information for the birth certificate. The TER Mother's Worksheet and signed verification form must be retained by the facility for a minimum of **6 years** from the date the verification is signed. The *TER Medical Data Worksheet* must be retained until **July 1st** of the year following the completion of the Medical Data worksheet by the facility.

All births must be certified by an individual approved by DSHS to certify births. The individual certifying the birth cannot be the same individual who completes the birth registration process in TER.

The birth registration must be filed no later than **five days** from the date of the birth. (*Texas Health and Safety Code, §192.003(d)*).

The facility using the TER system must enter and release birth registration information each day that the business office is open.

The facility must provide an Office of the Attorney General Acknowledgement of Paternity (AOP) certified individual to certify each registration where an AOP is required.

Birth registration will not be delayed pending completion and submission of an Acknowledgement of Paternity, however the AOP must be faxed to the DSHS to complete the TER birth registration process, when required.

Acknowledgments of Paternity and OAG Parent Surveys will be retained by the facility for a minimum of **5 years**.

Social Security and Medicaid numbers for newborns will be requested automatically through TER registration as appropriate.

Once the facility begins registering births through TER, no more births will be entered into Certificate Manager. The DSHS will disable Certificate Manager transmissions from the facility.

The DSHS will provide technical assistance in accordance with the Texas Electronic Register (TER) Service Level Agreement.

Failure to comply with the User Agreement Requirements may result in **termination** of the agreement and access to TER. This agreement and the facility to access the TER system will be reviewed annually for compliance, otherwise it is effective until terminated.

I agree that this facility will adhere to these procedures.

Signature

Printed Name

Date

Fax this completed request to: 512-776-2318 Attn. Britnee
Your User Id, password, installation instructions, confidentiality form, user guide, and worksheets will be emailed to the address on this form when your facility is activated.