

**WISCONSIN EMERGENCY ASSISTANCE VOLUNTEER REGISTRY (WEAVR)  
ADMINISTRATIVE ACCESS USER SECURITY AND CONFIDENTIALITY AGREEMENT**

Instructions: Print legibly or type. Return original copy of completed form to the Department of Health Services, DPH WEAVR Administrator, P. O. Box 2659, Madison, WI 53701-2659 and retain a copy for your records.

User Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

User Role: (check all that apply)

- Division of Public Health(DPH) WEAVR Administrator
- Local Public Health Officer
- Preparedness Consortium Program Coordinator
- HRSA Regional Project Coordinator
- Tribal Health Director
- \*Other \_\_\_\_\_

\*Must be approved by DPH WEAVR Administrator.

Organization Name \_\_\_\_\_

Consortium Name \_\_\_\_\_

Consortium Number \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**By signing this Agreement, I agree to:**

1. Comply with the WEAVR Administrative Access User Security and Confidentiality Policy and my organization's standard policies and procedures for confidentiality.
2. Use WEAVR Administrative Access to document accurate demographic data for the purposes of establishing communication with health professional volunteers for county/regional consortium/state public health and hospital preparedness efforts.
3. Carefully and deliberately safeguard my Health Alert Network (HAN) user ID and password in accordance with generally accepted security practices and the policies and procedures of my organization.
4. Promptly report to the DPH WEAVR Administrator and my organization's Security Officer any threat to or violation of the WEAVR Administrative Access User Security and Confidentiality Policy.
5. Provide WEAVR volunteers with information and updates about relevant training/exercises for public health preparedness and response.

**By signing this I agree not to:**

1. Furnish identifying information or documentation obtained from WEAVR to any unauthorized person within or outside of my organization.
2. Knowingly falsify any document or data obtained through WEAVR.

**I have read, understand, and agree to abide by the WEAVR Administrative Access Security and Confidentiality Policy and the above requirements. I understand that if I violate WEAVR confidentiality requirements, my administrative access to WEAVR will be terminated.**

\_\_\_\_\_  
SIGNATURE - User

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Title of User

\_\_\_\_\_  
Telephone Number