

**CONFIDENTIALITY PLEDGE  
WISCONSIN CANCER REPORTING SYSTEM (WCRS)**

I recognize the importance of maintaining the confidentiality of all data collected by WCRS and of assuring the right to privacy of persons whose records I receive.

I understand that confidential information or data is defined as any information where the individual, hospital(s), or physician(s) is named or otherwise identifiable.

I understand that all listings of cases, copies of reports, and any other materials that include confidential information must be kept in locked file drawers when not in use.

I understand that WCRS data must be stored on secured systems.

I, therefore, agree to protect the confidentiality of the data in accordance with the following requirements:

I will avoid any action that will provide confidential information to any unauthorized individual or agency.

I will not make copies of any confidential records or data except as specifically authorized.

I will not remove confidential identifying information from my place of employment except as authorized in the performance of my duties.

I will not discuss in any manner, with any unauthorized person, information that would lead to identification of individuals described in confidential files or data.

I will use confidential files and data only for purposes for which I am specifically authorized.

I will not provide any computer passwords or file access codes, which protect these data to any unauthorized person.

If I observe unauthorized access or divulgence of confidential data or records to other persons, I will report it immediately to WCRS. I understand that failure to report violations of confidentiality by others is just as serious as my own violation and may result in termination of current and future access to confidential data.

I understand that liabilities and penalties as stated in Wis. Stat. § 255.04 (9) and (10) may be imposed if I breach the confidentiality requirements stated above.

I, therefore, pledge that I will not divulge to any unauthorized person confidential information or data obtained from WCRS files.

|                              |             |
|------------------------------|-------------|
| Print Name                   | Title       |
| Address                      |             |
| <b>SIGNATURE</b> – Requestor | Date Signed |