

**BIOSENSE PLATFORM
USER SECURITY AND CONFIDENTIALITY AGREEMENT**

User Name

User Role (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Local administrator | <input type="checkbox"/> WISHIN staff | <input type="checkbox"/> Health care provider |
| <input type="checkbox"/> Division of Public Health (DPH) staff | <input type="checkbox"/> Wisconsin epidemiologist | <input type="checkbox"/> Local public health staff |
| <input type="checkbox"/> DHS staff (not DPH) | <input type="checkbox"/> Epidemiologist (outside Wisconsin) | <input type="checkbox"/> Other: |

Organization Name:

Organization Address:

City:	State:	Zip:
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By signing below **I agree to:**

- Comply with the Department of Health Services (DHS) BioSense Platform Organization Security and Confidentiality Policy Agreement and my organization's standard policies and procedures related to confidentiality and release of personally identifying health information.
- Limit my BioSense Platform use to approved public health purposes defined in relevant state statute and administrative rules.
- Limit my BioSense Platform access to secured and authorized locations and computers.
- Carefully and deliberately safeguard my BioSense Platform user ID and password in accordance with the DHS BioSense Platform Organization Security and Confidentiality Policy Agreement, and my organization policies and procedures. I will not use another person's password nor will I disclose my own.
- Promptly report any threat to or violation of the DHS BioSense Platform Organization Security and Confidentiality Policy Agreement to my local organization administrator or local security officer.
- Hold exported data securely by using protective software such as encryption and passwords.

By signing below, **I agree not to:**

- Obtain or access information outside my defined roles.
- Furnish identifying information or documentation obtained from the BioSense Platform to any unauthorized person within or outside of the organization.
- Copy the database or software used to access the BioSense Platform.
- Knowingly falsify any document or data entered into or released through the BioSense Platform.

I have read, understand, and agree to abide by the DHS BioSense Platform Organization Security and Confidentiality Policy and the above requirements. I understand that a BioSense Platform administrator, state administrator, and a BioSense Platform security officer may audit my BioSense Platform transactions at any time to ensure compliance with the DHS BioSense Platform Organization Security and Confidentiality Agreement. I understand that if I violate the BioSense Platform confidentiality requirements, my access to the BioSense Platform data can be terminated and I may be subject to civil, criminal, or employment penalties.

SIGNATURE - User

Date Signed

Print Name and Title of User

Telephone Number
