

## WISCONSIN ELECTRONIC DISEASE SURVEILLANCE SYSTEM (WEDSS) USER SECURITY AND CONFIDENTIALITY AGREEMENT

User's Name	Title
Phone Number	Email Address
Organization Name	
Organization Address (Street, City, State and Zip Code)	
User Role	
<input type="checkbox"/> Local or Tribal Public Health	
<input type="checkbox"/> Division of Public Health	
<input type="checkbox"/> Health care affiliated	
<input type="checkbox"/> WEDSS Team	
<input type="checkbox"/> Wisconsin State Laboratory of Hygiene	

By signing this agreement, I agree to:

- Comply with the Wisconsin Division of Public Health (DPH) Wisconsin Electronic Disease Surveillance System (WEDSS) Security and Confidentiality Policy and my organization's standard policies and procedures related to confidentiality and release of personally identifying health information.
- Limit my WEDSS use to approved public health purposes defined in relevant state statute and administrative rules.
- Limit my WEDSS access to secured and authorized locations and computers.
- Carefully and deliberately safeguard my WEDSS user ID and password in accordance with the WEDSS Security and Confidentiality Policy and my organization policies and procedures. I will not use another person's password nor will I disclose my own.
- Promptly report to my Local Organization Administrator or Local Security Officer any threat to or violation of the WEDSS Security and Confidentiality Policy.
- Hold exported data securely by using protective software such as encryption and passwords.

By signing this agreement, I agree not to:

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

I have read, understand, and agree to abide by the WEDSS Security and Confidentiality Policy and the above requirements. I understand that a WEDSS State or Local Organization Administrator and a WEDSS State or Local Security Officer may audit my WEDSS transactions at any time to ensure compliance with the WEDSS Security and Confidentiality Policy. I understand that if I violate the WEDSS confidentiality requirements, my access to WEDSS data can be terminated and I may be subject to civil, criminal or employment penalties.

<b>SIGNATURE</b> — User	Name and Title of User (printed)	Date Signed

Local Organization Administrators must keep this document on file for all users granted WEDSS access and may not use the information provided for any other purpose.