WISCONSIN BIRTH DEFECTS REGISTRY (WBDR)
USER SECURITY AND CONFIDENTIALITY AGREEMENT

Use of the Wisconsin Birth Defects Registry (WBDR), an electronic reporting system, is voluntary; however, completion of this agreement is required for use of the system. Fax completed form to 608-267-9042. For more information on birth defects, and links to WBDR forms, go to the website at: www.dhs.wisconsin.gov/cyshcn/birthdefects.

Your Name:	PHIN User ID:

User Role: ☐ WBDR Reporter – will be using the WBDR to report birth defects

☐ WBDR Administrator – will be supervising WBDR reporters but not accessing the WBDR myself

☐ Epidemiologist/Data Analyst – will be using WBDR data for program purposes

Organization Name:

Organization Address:

City/State/Zip Code:

By signing this agreement, I agree to:

1. Comply with the WBDR Security and Confidentiality Policy (DHS publication P-40078) and my organization's standard policies and procedures for releasing identifying health information for clients.
2. Participate in and provide information to the WBDR.
3. Provide data that are timely and accurate.
4. Use the WBDR to access information and generate reports only as necessary to assist in providing services for clients and their families and to accurately report to the WBDR.
5. Carefully and deliberately, safeguard my user ID and password for the WBDR in accordance with generally accepted security practices and my facility's policies and procedures.
6. Allow DHS staff and assigned agents to audit my WBDR transactions to ensure compliance with the WBDR Security and Confidentiality Policy.
7. Promptly report to the Department of Health Services WBDR staff, and inform families, of any threat to or violation of the WBDR Security and Confidentiality Policy.

By signing this form, I agree not to:

1. Furnish identifying information or documentation obtained from the WBDR to individuals for personal use nor to any individuals who have no duties relating to birth defects screening, evaluation, service provision, or the general health of clients.
2. Copy the database or software used to access the WBDR database.
3. Knowingly falsify any document or data obtained through the WBDR.

I have read, understand, and agree to abide by the WBDR Security and Confidentiality Policy and the above requirements. I understand that, if I violate the WBDR confidentiality requirements, my access to the WBDR data can be terminated and I may be subject to penalties imposed by law.

SIGNATURE – User	Date Signed
Print Title of User	Telephone
User's Email Address	

*A Public Health Information Network (PHIN) User ID can be requested at: https://phin.wisconsin.gov/phin if you do not already have one.