

Web Plus Use and Confidentiality Statement

Texas Department of State Health Services

Cancer Epidemiology and Surveillance Branch

This Web Plus use and Confidentiality Statement, by and between the **Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry** (CESB, hereinafter) and _____ (User Organization, hereinafter) made and entered into on _____ (date) concerning access to and use of Web Plus.

CESB agrees to:

- a. Provide access to and technical assistance for Web Plus, but will not support other software or hardware defects or problems that are unrelated to Web Plus.
- b. Provide a help desk for assistance with questions and technical support. The help desk is available Monday through Friday from 8:00 am to 5:00 pm CST by calling (512) 776-3617, (800) 252-8059, or by email at pam.jatzlau@dshs.state.tx.us.
- c. Maintain Texas Cancer Registry (TCR) data in compliance with Texas Health and Safety Code Chapter 82, Texas Administrative Code (25 TAC 91) and the TCR Confidential Information Security Policy.

User Organization agrees to:

- a. Keep a list of their organization's authorized Web Plus users, and notify the CESB office at (512) 776-3617, (800) 252-8059, or via email at pam.jatzlau@dshs.state.tx.us of any change of User Organization personnel accessing Web Plus.
- b. Review and instruct all User Organization personnel that will have access to Web Plus on the confidentiality of TCR data pursuant to Texas Health and Safety Code Chapter 82, Texas Administrative Code (25 TAC 91) and the TCR Confidential Information Security Policy.
- c. Ensure that Web Plus and any confidential information transmitted to or from the Web Plus application server is not used in a manner other than expressed in the Texas Health and Safety Code Chapter 82, Texas Administrative Code (25 TAC 91) and the TCR Confidential Information Security Policy.
- d. Lose Web Plus user rights if abuse of privileges or TCR data is suspected or confirmed.

Use and Confidentiality Statement:

By signing this use and confidentiality statement, I certify that I have read this use and confidentiality statement and agree to comply with the following:

- a. I will distribute copies of this use and confidentiality statement to all assigned personnel accessing Web Plus.
- b. I agree to be held responsible for my assigned personnel's actions regarding information transmitted to or from Web Plus.
- c. Protected health information transmitted to or from Web Plus is confidential and must be used only for the purpose it is collected pursuant to Texas Health and Safety Code Chapter 82, Texas Administrative Code (25 TAC 91) and the TCR Confidential Information Security Policy.
- d. Unauthorized disclosure of personally identifiable information is prohibited.
- e. Any unauthorized disclosure of TCR information may result in my losing the ability to access Web Plus.
- f. I agree NOT to share the Web Plus User ID, password, or URL with any unauthorized users.
- g. I verify that I am an authorized Web Plus user and I will use the security level assigned by the CESB.
- h. I have read and agree to the terms on this Web Plus Use and Confidentiality Statement.

Signatures: (The Access Administrator and Primary User Must Sign)

Name of User Organization: _____

Print Name (Primary User)

Signature

Date

Print Name (Administrator)

Signature

Date

Web Plus Account Security Question: (Please choose **one** of the following to answer)

- a. What is the name of your favorite pet? _____
- b. What is your father's middle name? _____
- c. What is the name of your birthplace city? _____
- d. What is your favorite color? _____

Note: When requesting a password reset for your Web Plus account, it is required that you know the correct answer to the security question chosen.

Upon completion, please scan and email, fax, or mail your signed form to the CESB (*see contact information below*). After the CESB receives your form, staff will contact you within two business days to complete the setup of your Web Plus account.

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Thank you for completing this form in its entirety.