

Maryland Department of Health and Mental Hygiene (DHMH)  
Prevention and Health Promotion Administration (PHPA)  
**Office of Infectious Disease Epidemiology and Outbreak Response (OIDEOR)**

## Gaining Access to the Office of Infectious Disease Epidemiology and Outbreak Response (OIDEOR) Confidential Data Sets

### Instructions for OIDEOR and Local Health Department Personnel

These instructions tell you how to apply for permission to use the OIDEOR confidential data sets, such as the National Electronic Disease Surveillance System (NEDSS), and others. All the necessary forms are enclosed with this document.

These instructions briefly summarize the policy established by Health Officer Memo (HOM) 1999-100 on Confidentiality Policy and Procedures. The user should refer to that memo for complete information.

#### ***Instructions:***

- 1)** The employee should first read and sign the *Confidentiality Policy and Agreement* (adapted from attachment 3 of HOM 1999-100).
- 2)** Then, the *Application Form for Access to OIDEOR Confidential Data Sets* (adapted from attachment 2 of HOM 1999-100) should be completed including the signatures of the employee and the health officer or supervisor. The *original* of both documents should be forwarded to PHPA/OIDEOR, Division of Infectious Disease Surveillance (DIDS) telephone: 410-767-0853, fax: 410-225-7615. The complete mailing address is:

Maryland Department of Health and Mental Hygiene  
201 West Preston Street  
Baltimore MD 21201

ATTN: Unit 26  
Office of Infectious Disease Epidemiology and Outbreak Response/DIDS

- 3)** On receipt at OIDEOR the application will be handled this way:
  - A) Date stamped on receipt.
  - B) Reviewed by the Chief, Division of Infectious Disease Surveillance. The signature of the Chief will indicate approval.
  - C) After the Chief signs the application, it will be forwarded to the NEDSS Registry Manager who will:
    - i) Assign a NEDSS User ID and password (if required) and enter information in the bottom section of the application form.
    - ii) Obtain User IDs for other OIDEOR systems, as required, from other OIDEOR divisions that have databases accessible by LHDs. This information should also be entered in the bottom section of the application form.
    - iii) Copy the application and return it to the LHD or OIDEOR Division.
    - iv) Maintain a file of the original application.

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## **Confidentiality Policy and Agreement**

### **Adapted From Attachment 3, Health Office Memo 1999-100**

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I agree to maintain the confidentiality of all paper and electronic records with which I come in contact in my employment, including information on persons who are reported to the program.

I will not reveal or refer to the names or identifying information of persons reported to the program unless I am required to do so for legal, medical, or epidemiologic purposes, as approved by the Health Officer, designee, or DHMH personnel.

I will not reveal, discuss, or mention any aspect of a person's medical or social history or laboratory data, even if not linked to the person's name, nor will I reveal, discuss, or mention information about his/her contacts, unless I am required to do so, as stated in paragraph two, above.

In circumstances in which I am required to provide information about an individual, outbreak, or entity that has been reported, I will follow established procedures designed to minimize breach of confidentiality.

I understand that electronic or paper copies of individual or aggregated medical or public health records may only be released by authorized personnel who will follow established procedures. I will refer all requests from the media and attorneys to a supervisor, a Health Officer, or to personnel at DHMH. I will delete electronic copies of data and dispose of paper copies in a manner specified by the health department to minimize breach of confidentiality.

If a particular situation arises in which I am uncertain about whether I should release patient information, I will ask my supervisor or staff at the DHMH/PHPA/OIDEOR for instruction.

I will regard my computer account user identification number and password as confidential and will not share them with to anyone or post them in a place accessible to others.

I understand that if, through willful or negligent behavior on my part, patient confidentiality is violated, my behavior is grounds for civil and criminal penalties and disciplinary action, up to and including my immediate dismissal.

**By my signature on this DHMH/PHPA/OIDEOR Confidentiality Policy and Agreement retained by my employer, I agree to the above.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Application Form for Access to OIDEOR Confidential Data Sets**  
 (Adapted From: Attachment 2, Health Officer Memo 1999-100)

Data sets(s) to which individual needs access	Please check all that apply: <input type="checkbox"/> NEDSS <input type="checkbox"/> STD*MIS <input type="checkbox"/> Animal Rabies <input type="checkbox"/> TB NEDSS <input type="checkbox"/> B-Free Registry (Perinatal HBV)												
Name of individual who will have access to confidential databases													
Position													
Business Address													
Work Telephone													
MDH Active Directory Username													
Email Address													
State why this individual's access to these data is necessary to protect the public health or prevent spread of infectious or contagious disease													
List statute(s) under which this individual is authorized to perform these functions (e.g., 18-101, 102, 103; COMAR 10.06.01)													
Signature of Health Officer or Supervisor													
Signature of employee													
Signed confidentiality statement on file at LHD?													
OIDEOR Signature of approval	Chief, Division of Infectious Disease Epidemiology (DHMH/PHPA/OIDEOR)												
Logon ID and Date issued	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: left;">System/Database</th> <th style="width: 33%; text-align: left;">Assigned ID</th> <th style="width: 33%; text-align: left;">Date</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	System/Database	Assigned ID	Date	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Submit to: Maryland Department of Health and Mental Hygiene, 201 W. Preston St., Baltimore MD, 21201  
 ATTN: Unit #26 - Office of Infectious Disease Epidemiology and Outbreak Response/DIDS  
 Fax (410) 225-7615