

**Center for Cancer Prevention and Control
Cancer Client Database (CDB)
Levels of Access Role Definitions**

Name of Access Role	Definition/Description of Features The individual with this role will have access to do the following functions:
Data Manager*	see identifiers ⁺ (data and client-level reports) add/update data print labels/letters download data file with identifiers ⁺
Data Enterer*	see identifiers ⁺ (data and client-level reports) add/update data print labels/letters no download data
Case Manager*	see identifiers ⁺ (data and reports)) print labels/letters no add/update data no download data
Analyst	see data and reports without identifiers download data file without identifiers no print labels/letters no add/update data
Reports User	see reports without identifiers no add/update data no print labels/letters no download data

*Role implies access to confidential data: Your Program and personnel must follow HIPAA, State law, and local policies/procedures to protect data

⁺Identifiers include information (such as name, address, and date of birth) attached to the client's confidential medical information

State of Maryland
Department of Health and Mental Hygiene
Center for Cancer Prevention and Control (CCPC)
Client Database (CDB)

CONFIDENTIALITY AGREEMENT

I, _____, understand that as part of the Cigarette Restitution Fund (CRF) Program, Cancer Prevention, Education, Screening and Treatment (CPEST) Program, I will be working with confidential information contained in the Client Database (CDB). I also understand that the confidentiality of this information is established by Md. Code Ann., Health-General §§4-101 to 4-103 and that a person who uses or discloses this information is in violation of these statutes and is subject to the legal penalties set forth therein.

I understand that I am responsible for protecting the confidentiality of information pertaining to individuals receiving cancer services as contained in the CDB, including but not limited to a person's address and/or other identifying information and medical information. I agree to keep this information confidential.

I also understand that this information may be used only for purposes directly related to the CRF/CPEST Program and that no person who is not engaged in this specific program may have access to this information.

I understand that the CDB shall not be used in a public place or on a public computer and shall be accessed at a worksite approved by the user's supervisor, and I agree to comply with the CPEST CDB Policy.

Acknowledgement and Signature

I have read and understand the above Confidentiality Agreement and agree to treat confidential information accordingly.

Signature

Name Typed or Printed

Title

Institution or Organization

Date