

Maryland Department of Health and Mental Hygiene  
 Family Health Administration  
 Center for Cancer Surveillance and Control  
 CRF/CPEST Database Access Request

Create Account     Delete Account     Modify Account     Reactivate Account

**Database access requested:**

Client Database (CDB)                       Education Database (EDB)                       CDB/GIS Mapper

Please Print or Edit in Microsoft Word

First Name	MI	Last Name

Address Street		Room
City	State	Zip Code
Jurisdiction		Phone Number
Program		E-Mail
Network Administrator Name		Phone Number
Connected to DHMH Network		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Instructions:**

1. Complete all information.
2. Review the following policies:
  - DHMH Electronic Information System Policy 02.01.01 -- <http://www.dhmh.state.md.us/policies/020101.pdf>
  - DHMH Software Policy 02.01.02 -- <http://www.dhmh.state.md.us/policies/p020102.htm>
  - DHMH Information Assurance Policy 02.01.06 -- <http://www.dhmh.state.md.us/policies/summary.htm>
3. Using blue ink, provide original signatures on this Database Access Request Form, the Confidentiality Agreement, and the DHMH Combined IRMA Policy Acknowledgement Form.
- 4: Mail these three forms to:     **Maryland Department of Health and Mental Hygiene**  
   **Center for Cancer Surveillance and Control**  
   **201 West Preston Street, SEU, Room 406A**  
   **Baltimore, MD. 21201**

**Signature of User** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of User's Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>For Client Database (CDB) only: Access Role^ (check one)</b>	<b>Check Box</b>
Data Manager	<input type="checkbox"/>
Data Enterer	<input type="checkbox"/>
Case Manager	<input type="checkbox"/>
Analyst	<input type="checkbox"/>
Reports User	<input type="checkbox"/>

^see page 2 for access role definitions for Client Database

For FHA – CCSC Office use only                       Local                       State

Approved by \_\_\_\_\_ Date: \_\_\_\_\_

**Center for Cancer Surveillance 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 <sup>+</sup> (data and client-level reports) add/update data print labels/letters download data file with identifiers <sup>+</sup>
Data Enterer*	see identifiers <sup>+</sup> (data and client-level reports) add/update data print labels/letters ----- no download data
Case Manager*	see identifiers <sup>+</sup> (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

<sup>+</sup>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 Surveillance and Control (CCSC)**  
**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

## COMBINED IRMA POLICY ACKNOWLEDGMENT FORM

This document is a combined policy acknowledgment form for DHMM computer-related policies. Following consultation with your supervisor, please read and initial the appropriate acknowledgment sections, then sign the signature block below.

### Acknowledgement Section

Employee Initials	Supervisor Initials °	Policy Number-Statement
		<p><b>02.01.01 Policy on the Use of DHMM Electronic Information Systems (EIS)</b>                      I hereby acknowledge awareness of DHMM Policy 02.01.01, and that my use of these systems constitutes my consent to comply with this directive.</p>
		<p><b>02.01.02-Software Copyright Policy &amp; the State of Maryland Software Code Of Ethics-</b>                      Unauthorized duplication of copyrighted computer software violates the law and is contrary to the State's standards of conduct. The State disapproves of such copying and recognizes the following principles as a basis for preventing its occurrence.</p> <ol style="list-style-type: none"> <li>1. The State will not permit the making or using of unauthorized software copies under any circumstances.</li> <li>2. The State will provide legally acquired software to meet its legitimate software needs in a timely fashion and in sufficient quantities to satisfy those needs.</li> <li>3. The State will enforce internal controls to prevent the making or using of unauthorized software copies, including measures to verify compliance with these standards and appropriate disciplinary actions for violations of these standards.</li> </ol> <p>I understand that making or using unauthorized software will subject me to appropriate disciplinary action. I understand further that making copies of, or using unauthorized software may also subject me to civil and criminal penalties. <b>My signature below indicates that I have read and understand Policy 02.01.02- Software Copyright Policy and the State of Maryland Software Code of Ethics.</b></p>
		<p><b>02.01.06-Policy to Assure Confidentiality, Integrity and Availability of DHMM Information (IAP)</b>                      I acknowledge that I am required to comply with the general applicable sections of this policy as it relates to my current job duties. I further acknowledge that should I breach this policy, I am subject to disciplinary, civil, and criminal consequences.</p> <p>.....</p> <p><b>02.01.06-IAP--"Specific Personnel" Acknowledgement</b>                      If I am currently designated, or at any time my job duties require me to be designated as a Custodian, Data Steward, Designated Responsible Party, Database Administrator, and/or Network (System) Administrator, I acknowledge that I am required to comply with the corresponding responsibilities assigned to <i>specific personnel</i>.                      Likewise, if I am currently required, or if at any time my duties include the requirement for preparation or monitoring of contracts or memoranda of understanding, I acknowledge that I am required to comply with the <i>specific personnel</i> provisions of the IAP and guidance.</p>

### Employee/User Signature Block

I hereby acknowledge that I have reviewed and understand the above-initialed policies.

Employee/User Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

### Employee/User Identification (Please Print)

NAME: \_\_\_\_\_ PIN # or CONTRACT#: \_\_\_\_\_

AGENCY/COUNTY: \_\_\_\_\_ ADMINISTRATION/UNIT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

### Supervisor's Verification

Supervisor Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

°Supervisor verifies that the employee/user has acknowledged and initialed the appropriate policies for his/her position.