Center	and Heal	th Promotic r Preventio	nd Mental H on Administr n and Contro cess Request	ation ol	
Create Account Delete Account	Modi	fy Account 🗌	Reactivate	Account 🗌	
Database access requested:					
Client Database (CDB) Ed	lucation Data	abase (EDB)	CDB/GI	S Mapper 🗌	
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First Name	MI	Last Name			
			9		
Agency/Program			County		
Address Street			Room		
City Email	State		Zip Code		
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Center fo Surveilla 201 West	olicy 02.01.01 //dhmh.maryla .01.06 http: on this Databa /ledgement Fo <b>I Department</b> <b>r Cancer Prince and Eva</b> <b>Preston Str</b> e, MD 2120	http://dhmh.m nd.gov/policy/02 //www.dhmh.ma ase Access Reque rm. nt of Health an revention and luation Unit reet, Room 406 1	aryland.gov/docs/0 2.01.02%20Sofewar ryland.gov/SitePag est Form, the Confid nd Mental Hygie Control 6A Date	<u>es/summary.as</u> dentiality Agre	ht%206-5-98.pdf spx eement, and the
For Client Database (CDB) only: Access Role <sup>^</sup> (check one)			Cha	ck Box	7
Data Manager					-
Data Enterer					-
Case Manager					-
Analyst					-
Reports User					1
^see page 2 for access role definitions for Client D	atabase		I		_
For CCPC/SEU Office use only	Lo	cal 🗌 Sta	ate		_
Approved by		Date:			

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

Name of Access Role	<b>Definition/Description of Features</b>			
	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			
	see reports without identifiers			
Reports User	no add/update data no print labels/letters no download data			

<sup>\*</sup>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 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 <u>confidential information</u> 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