



AUTHORIZED USER AND CONFIDENTIALITY AGREEMENT

This Agreement governs access to the web accessible Laboratory Information Management System (LIMS) developed and maintained by the South Carolina Department of Public Health (DPH) and its Newborn Screening program (NBS) as authorized by South Carolina Code Ann. Section 44-37-30 and South Carolina Code of Regulations 61-80.

The LIMS is a statewide, confidential computerized database of NBS laboratory information that provides authorized users with electronic access to their patient's newborn screening laboratory reports. The LIMS may also be used by physicians and providers to enter patient follow-up information. LIMS records constitute confidential information that may include, but may not be limited to, patient identifiable and protected health information. Users of the LIMS are required by law to safeguard the confidentiality and security of this information. Access to the LIMS is by individually assigned user identification and password.

As a condition to becoming an authorized user and receiving access to the LIMS, I agree as follows:

- I will attend all DPH training required for LIMS access.
- I understand that LIMS information is confidential patient information that should only be disclosed to persons authorized to receive it.
- I certify that I have been educated and trained regarding the Health Insurance Portability and Accountability Act (HIPAA) and related regulations pertaining to the privacy and security of protected health information (the HIPAA Privacy Rule and Security Standards), and I will provide proof of successful completion of HIPAA training to DPH upon request.
- I will ensure that a HIPAA-compliant Business Associate Agreement (BAA) will be maintained with any electronic health records vendor or other person or entity having access to LIMS information on my or my employer's behalf as required by HIPAA.
- I will only access the LIM through computers utilizing HIPAA-compliant physical security.
- I will only disclose LIMS information as required for patient care or as authorized by law.
- I will only use the LIMS to access laboratory reports for patients under care or to enter information for patients under care regarding their clinical presentation or treatment or for other purposes allowed by DPH regulations.
- I will not knowingly include, or cause to be included, any false, inaccurate, or misleading information in the LIMS.
- I will not print or copy any information from the LIMS unless necessary to provide patient treatment.
- I will treat information printed from the LIMS as a confidential patient record and protected health information under federal and state privacy laws and maintain it accordingly.
- I will not release my individually assigned user identification or password to anyone else or allow anyone else to access the LIMS using my identification or password.
- I will not access the LIMS using anyone else's identification or password.
- I will not leave my computer unattended after signing on to the LIMS.
- I will not contact a person who is the subject of any LIMS information unless required for treatment and as authorized by law.
- I will immediately notify my employer and the DPH's Public Health Laboratory if I have reason to believe the confidentiality or security of my access to the LIMS, including, but not limited to, my identification and password, may have been compromised.

- I will Assist DPH in any manner requested by the Department to investigate and mitigate potential harm resulting from any improper or unauthorized disclosure.
- I understand that my access to LIMS may be monitored by DPH to ensure compliance with this Agreement.
- I understand that DPH may suspend or terminate my access to the LIMS if I fail to access the LIMS for (30) days.
- I will not compile any aggregate data or statistics from the LIMS unless expressly authorized in writing by DPH's Public Health Laboratory Director.
- I will direct all questions regarding proper use of the LIMS, disclosure of LIMS information, or response to possible breaches of confidentiality or misuse of the LIMS to the DPH Public Health Laboratory email address at NBSLab@dph.sc.gov.
- I understand that LIMS access is a privilege, not a right, and that DPH can terminate access if I violate any of these terms or conditions.
- I understand that misuse of the LIMS or disclosure of LIMS information in violation of this Agreement and federal and state privacy laws may also result in civil and/or criminal prosecution, penalties, or legal action.
- I agree that DPH shall have no liability to me or my employer or its agents for any claims, demands, expenses, damages, liabilities or losses arising out of or in any way related to the use of the LIMS, including, but not limited to, any damage or corruption to computer hardware, software, systems or data.
- I understand that my obligations under this Agreement will continue after termination of the Agreement.

By signing this Agreement, I acknowledge that I have read, understood and will comply with the conditions outlined herein. I agree to protect the security and confidentiality of the LIMS and understand the consequences if I violate the terms of this Agreement.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ PHONE: _____
 (first, middle initial, last)

PROFESSIONAL DESIGNATION (MD, DO, APRN, PA, NP, RN, MT): _____ LICENSE NUMBER:

PRINT NAME OF PRACTICE OR EMPLOYER: _____

BUSINESS STREET ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

Previous NBS LIMS User? Yes No; If Yes Associated Practice Name:

User's e-mail address (required / no group email address allowed): _____

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

SOUTH CAROLINA NEWBORN SCREENING LABORATORY INFORMATION MANAGEMENT SYSTEM
TERMS OF USE

Instructions for Completing the Authorized User and Confidentiality Agreement

In order to become an Authorized User and obtain access to the South Carolina Department of Public Health (DPH) Newborn Screening program (NBS) Laboratory Information Management System (LIMS), you will need to complete, sign, date and return a copy of the Authorized User and Confidentiality Agreement.

Please complete the Agreement by filling in the blanks and providing the information requested, including **(All Fields Must be Completed)**:

- Signature and date;
- Printed name and date, including first name, middle initial and last name;
- Professional designation;
- License number;
- Printed name of practice or employer;
- Street address;
- Mailing address;
- Previous NBS LIMS' User? If Yes, then practice name;
- Email address.

After signing and completing the Agreement, return it via mail, fax or electronic scan to:
SC DPH PHL LIMS Administrator 8231
Parklane Rd, Columbia, SC 29223 Fax:
(803) 896-3862
E-mail: NBSLab@dph.sc.gov

Please include a cover letter or cover sheet with your signed Agreement. Upon receipt of your completed and executed Agreement, additional information regarding the username and password will be provided to you.

Should you have any questions, contact the LIMS Administrator, at (803) 896-4777.