

NEW JERSEY DEPARTMENT OF HEALTH

USER CONFIDENTIALITY STATEMENT

**FOR ACCESS TO SPECIMEN GATE eREPORTS, THE NEW JERSEY NEWBORN SCREENING LABORATORY
INFORMATION MANAGEMENT SYSTEM**

Specimen Gate eReports is the electronic results reporting system used by the New Jersey Newborn Screening Program. Universal Newborn Screening is mandated by the State of New Jersey, pursuant to N.J.S.A 26:2-110 and 111. N.J.A.C. 8:18 delineates the responsibilities of the testing laboratory, which includes the issuance of test result reports to the specimen submitter and responsible physician. The eReports system is a faster and more efficient means of transmitting test results to submitters and physicians to enable the identification of infants who require follow-up testing. Access to eReports shall be limited to authorized users who sign the user confidentiality agreement.

USER CONFIDENTIALITY AGREEMENT

I have read and understand the User Confidentiality Statement and the obligations and responsibilities listed below. I agree that:

1. I shall keep strictly confidential all information, in any format, that I receive or have access to as an authorized user of eReports.
2. I understand that I am authorized access to eReports and agree to keep my password secure and will not permit use of my access privileges or password to any other person or entity.
3. I will not share information I have used to search for test results (such as baby's name, date of birth, mother's name, baby's medical record, newborn screening form number, etc.) for a baby of interest with any other person or entity, in compliance with HIPAA.
4. I will only access eReports to retrieve or submit information and to generate documentation in the official course of my duties and responsibilities.
5. I will not divulge, disclose, use, transfer, remove, or otherwise furnish personally identifiable information or documentation obtained from eReports to any individual or organization for any use not authorized by the Department of Health or to any person or entity not directly involved with the conduct of my official duties as they relate to newborn screening and follow-up examination, in compliance with HIPAA.
6. I will not copy all or part of the database or software used to access eReports.
7. I understand that the Department may audit any record, electronic or written, that is part of eReports, or pertains to the health information entered into eReports by an authorized user.
8. I agree to immediately report to Specimen Gate eReports Site Administrator any breach of confidentiality.
9. I understand that any violation of the above provisions may result in any termination of user privileges, disciplinary action, and the imposition of any and all penalties as prescribed by applicable State and Federal laws.

Account Holder Information:

I have read and understood the User Confidentiality Agreement and the User Confidentiality Statement for Access to Specimen Gate eReports. I agree to abide by the User Confidentiality Agreement. I understand the consequences for me if I disclose confidential information without necessary authorization.

First & Last Name (Print): _____

Title: _____

Name of Practice: _____

Email address (Print): _____

Signature: _____ Date: _____

Overseeing Physician:

I will ensure that I and/or my employees/agents/assignees granted access privileges adhere to the confidentiality provisions above in performance of their official duties. I will promptly notify the Site Administrator to deactivate their access privileges when an authorized departs my practice/organization in order to maintain system security.

Physician Name (Print): _____

Physician License Number: _____

State: _____

Practice Name: _____

Physician Signature: _____ Date: _____