



**Kansas Department of Health and Environment  
Policies and Procedures For  
Protecting Confidential Information  
And  
KS VRV web Application User Agreement**

**Background**

The Kansas Department of Health and Environment (KDHE) maintains a secure, integrated, web-based electronic vital records application for collecting and storing information, records and data to support the registration of vital events (births, deaths, stillbirths, marriages, divorces, and ITOP) and other various state health programs with KDHE by approved sources/users. This information is then retrieved and utilized in support of issuing certified copies or abstracts of vital event records, research and analysis, and export and exchange with KDHE programs, various state agencies, vital records offices of other states, and federal agencies.

Users, and the business/agency they represent, are responsible for ensuring the security of any information obtained from the KS VRV web (whether in paper or electronic form). Users must follow security policies outlined in this document and other policies adopted by the business/agency for protecting confidential information. Businesses/Agencies without formal policies for the security of confidential information are encouraged to develop a policy addressing confidential information.

Prior to accessing any confidential vital event information, all users shall have on file with the KDHE a signed copy of "KS VRV web Application User Agreement" which states the obligation to protect confidential information, and acknowledges that careless or willful breach of confidentiality shall result in a loss of access privileges and criminal prosecution.

**Definitions**

**Confidential Information:** Any information regarding an individual, whether in the form of computer, computer diskette, paper, or verbal which 1) contains any medical or financial information or any information that might reasonably be considered personal (e.g., vital statistics), and 2) identifies that individual by name (directly or by linkage to a unique key), social security number, phone number, or address. This does not apply to information legally declared public record.

**Breach of confidentiality:** Disclosure of confidential information to 1) any person who lacks legal right of access, or 2) business/agency employees who do not need access to the information for completion of assigned duties.

**User:** Any person with authorized access to the KS VRV web.

## **Agreement**

I have been granted access to the KS VRV web Application as a registered user due to my current status as an external partner with KDHE. I understand that as a user, I will have access to sensitive and confidential information and that this information is to be maintained and/or utilized only in the performance of my official responsibilities.

### **I therefore agree to the following provisions:**

1. I understand that the username and password provided to me is for my use only and is strictly prohibited from being shared with other individuals. Any staff member who requires and does not have access to the KS VRV web should contact a System Administrator for the KDHE VRV web by calling (785) 296-1426 to request web access. Sharing of my username or password will result in immediate termination of my access to these systems.
2. I will provide my name and contact information to the Newborn Screening Program and Office of Vital Statistics (OVS) and permit the use of this information in the various user directories that are available to the registered users through these systems.
3. I will notify the KDHE staff of any changes in my job position or responsibilities to allow for the evaluation of the appropriateness of my continued status as a registered user. I understand that a change in my position or responsibilities may make me ineligible for further access to the VRVWeb application.
4. I will treat the vital event information as sensitive and confidential. I will share this information only with those coworkers who need this information in order to perform their responsibilities. I will not share this information with anyone outside my location, unless approved by KDHE staff.
5. I will use the vital event information solely for the purpose of performing my duties and not for personal or commercial use or gain.
6. I will not disclose identifying information about persons or organizations named in the Vital Statistics system (including VRVWeb) except for purposes involving the fulfillment of my duties. This includes caution in verbal communication of confidential information when within hearing range of other persons, including co-workers, and precludes sharing confidential information with anyone else, including a family member, outside of the completion of my duties.
7. I will limit the amount of information that I access on the VRVWeb to only those items that are essential for the performance of my duties. I agree to destroy all downloaded and printed information (electronic and hard copy) as soon as it is no longer needed or in accordance with applicable Records Retention Schedules or other applicable requirements. I will not photocopy unauthorized confidential records. I will comply with the requirements of K.S.A. 65-2422d(g).
8. I will submit information to the KS VRV web that is accurate to the best of my knowledge at the time of submission and I will update this information when I become aware of changes.
9. I understand that comments recorded in the KS VRV web may be edited or removed by staff if found to be inappropriate or offensive.

10. I will not attempt to avoid or circumvent the security measures set up to protect the KS VRV web from unauthorized use.
11. I will not use the name of KDHE or other institutions or sponsoring organizations in a way that misrepresents the source of information, or implies endorsement of products or services without the expressed permission from the person or organization being named.
12. I understand that the terms of this agreement are construed in accordance with and subject to all relevant State and Federal law.
13. I will report known breaches of confidentiality related to information on the KS VRV Web immediately to KDHE at (785) 296-1426.
14. I understand that computers used to access the KS VRV web should not be located in areas easily accessible by the public or agency staff without authority to view confidential information. Computers logged into the KS VRV web will not be left unattended. I will log off of the system if I will be away from the computer for any amount of time.
15. I understand that confidential information should not be transmitted using unsecured electronic communications such as e-mail.

**STATEMENT FOR PROTECTION OF CONFIDENTIAL INFORMATION**

I have read and understand “**Policies and Procedures for Protecting Confidential Information**” for the KDHE VRV web and accept the obligation to protect confidential information in a manner consistent with these policies and procedures.

I understand that protecting confidential information is a public trust, and that unauthorized disclosure of confidential information not only threatens the ability of KDHE to serve the public, but is a violation of Kansas Statute Annotated 65-2422d.

I understand that the unauthorized disclosure of confidential information, whether by negligence or intent, shall result in the loss of access to the KS VRV web, and/or criminal prosecution.

**I understand and agree to comply with all of the above statements, provisions and to the use of KDHE KS VRV Web application and hardware necessary to complete CCHD information electronically.**

(Please Type or Print and make a copy of this agreement for yourself to keep in your files.)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Business E-mail: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

**Critical Congenital Heart Disease (CCHD) User  
(Lab Tech group)**

Please provide the birthing facility (hospital, birth center or midwife) name below that you will be reporting CCHD information for:

**Name** \_\_\_\_\_

**Location (city)** \_\_\_\_\_

**Requestor Signature** \_\_\_\_\_

**Fax Signed Statement to (785) 559-4245**

**KDHE Approver’s Signature** \_\_\_\_\_

Office of Vital Statistics Use Only:

Username: \_\_\_\_\_ User ID: \_\_\_\_\_ Acct. Created: \_\_\_\_\_

Temp. PIN: \_\_\_\_\_  Called User  Called User’s Supervisor | Date: \_\_\_\_\_

Added to email list.  Added to monthly count.