

TB/HIV/STD Section ACCOUNT REQUEST FORM

INSTRUCTIONS

1. Each Account Request Form must be submitted with:
 - a. **Signed Confidentiality Agreement,**
 - b. **Signed Acceptable Use Agreement, and**
 - c. **Security and Confidentiality training certificate.**
2. Email account requests to TBHIVSTD.AccountRequests@dshs.texas.gov. **Submit all required documents together in one email.** Forms and instructions are found at dshs.texas.gov/thsvh/account.shtm.
3. Account Request Forms must be **submitted individually** for **each** person requesting access. Forms submitted for multiple individuals will not be accepted.
4. Each database has a justification field. If requesting access to a database, describe your job duties that require you to have access to the database/role. Give as much information as possible.
5. The employee's supervisor must ensure the Account Request Form is correctly completed, sign the form, and obtain an LRP signature. The LRP submits the completed forms to TBHIVSTD.AccountRequests@dshs.texas.gov.

NOTE: Access to databases is contingent on the date of the security and confidentiality training. A new Confidentiality Agreement, Acceptable Use Agreement, and a Security and Confidentiality training certificate and must be submitted annually to keep access. **Access can be revoked at any time.**

To learn more about DSHS database access, visit: dshs.texas.gov/thsvh/account.shtm.

Submit this form electronically. Do not scan and email this form.

EMPLOYEE INFORMATION

First Name	MI	Last Name	Phone	Email (business)
Agency Name		Department Name		Region/Site
Select Employee Category			DSHS ONLY: Position No.	DSHS ONLY: Employee ID No.
DSHS Security and Confidentiality Requirements <ul style="list-style-type: none"> • Signed Confidentiality Agreement • Signed Acceptable User Agreement • Security and Confidentiality training certificate 				
<i>By signing this form, I certify that I understand the sensitivity of information stored in DSHS Approved Applications and secured areas. I have read and attest that I will comply with DSHS TB/HIV/STD Section Confidentiality Information Security Procedures Policy 2016.01 and confidentiality and security policies and procedures implemented by my agency to protect the confidentiality of patient information. I understand that access to any DSHS Approved Applications can be subject to revocation at any time.</i>				
Signature:				Electronic signature required How to create a digital signature in Adobe

DATABASE ACCESS REQUEST

THISIS	<p>Please review descriptions of THISIS roles and groups before selecting responses to ensure you receive proper access and rights.</p> <p>THISIS View-Only Account (do not check if any editing rights needed): <input type="checkbox"/> TB <input type="checkbox"/> HIV/STD</p> <p style="text-align: center;">OR</p> <p>Only request roles from the following options if you need editing rights for that account. Leave accounts below blank if you only need viewing rights.</p> <p>THISIS TB account: THISIS HIV Surveillance account: THISIS HIV/STD Public Health Follow-up account: THISIS STD Surveillance account: THISIS Central Office (all diseases): THISIS HIV Initial Lab Management Group (<i>read description before selecting</i>) <input type="checkbox"/></p> <p>Justification for access</p>												
TCT	<p><input type="checkbox"/> TCT</p> <p>Justification for access</p>												
Global Scope (Replaced TXPHIN)	<p>GlobalScope folder access requested (required):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Data to Care</td> <td><input type="checkbox"/> Electronic Lab Reporting</td> <td><input type="checkbox"/> ESP Group Analysis</td> </tr> <tr> <td><input type="checkbox"/> Hansen's Disease</td> <td><input type="checkbox"/> Hepatitis C Prevention</td> <td><input type="checkbox"/> Hepatitis C Surveillance</td> </tr> <tr> <td><input type="checkbox"/> HIV Prevention</td> <td><input type="checkbox"/> HIV/STD Surveillance</td> <td><input type="checkbox"/> MMP</td> </tr> <tr> <td><input type="checkbox"/> Provider Reporting</td> <td><input type="checkbox"/> TB Program (includes Surveillance)</td> <td><input type="checkbox"/> Other:</td> </tr> </table> <p>Justification for access</p>	<input type="checkbox"/> Data to Care	<input type="checkbox"/> Electronic Lab Reporting	<input type="checkbox"/> ESP Group Analysis	<input type="checkbox"/> Hansen's Disease	<input type="checkbox"/> Hepatitis C Prevention	<input type="checkbox"/> Hepatitis C Surveillance	<input type="checkbox"/> HIV Prevention	<input type="checkbox"/> HIV/STD Surveillance	<input type="checkbox"/> MMP	<input type="checkbox"/> Provider Reporting	<input type="checkbox"/> TB Program (includes Surveillance)	<input type="checkbox"/> Other:
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eHARS	<p><input type="checkbox"/> DSHS VPN access completed (<i>required for employee to use eHARS</i>)</p> <p><input type="checkbox"/> eHARS View Only <input type="checkbox"/> eHARS Data Entry <input type="checkbox"/> eHARS Administrator</p> <p>Justification for access</p>												
NTIP	<p><input type="checkbox"/> NTIP</p> <p>Justification for access</p>												
TB GIMS	<p><input type="checkbox"/> TB GIMS</p> <p>Justification for access</p>												
ITEAMS	<p><input type="checkbox"/> ITEAMS STD <input type="checkbox"/> ITEAMS TB</p> <p>Justification for access</p>												
EDN	<p><input type="checkbox"/> EDN</p> <p>Justification for access</p>												
Other	<p><input type="checkbox"/> HRAR <input type="checkbox"/> TAMI <input type="checkbox"/> CITRIX <input type="checkbox"/> Evaluation Web <input type="checkbox"/> NTSS</p> <p>Justification for access</p>												

This section must be completed by employee's supervisor and LRP for the agency.

APPROVAL		
This section must be completed by Employee's Manager/Supervisor.		
MANAGER/SUPERVISOR		
<i>Before signing, please review form to ensure employee has requested access to appropriate database(s) and proper role(s) are selected (where applicable).</i>		
_____	_____	_____
First and Last Name	Phone	Email
Signature:		Electronic signature required How to create a digital signature in Adobe
This section must be completed by the Local Responsible Party for the agency.		
LOCAL RESPONSIBLE PARTY (LRP)		
<i>LRPs serve as the responsible party for authorized users within their agency or organization. By signing this form, I _____, the LRP, grant approval for the requesting user to gain access to the secure and confidential information contained in the administered databases. I have confirmed his/her Security Training, Confidentiality Agreement, and Acceptable User Agreement are current and will ensure required security and confidentiality renewals are submitted annually.</i>		
_____	_____	_____
First and Last Name	Phone	Email
Signature:		Electronic signature required How to create a digital signature in Adobe

SUBMIT REQUEST
Be sure all required forms are submitted with this request.
1. Submit this form electronically to TBHIVSTD.AccountRequests@dshs.texas.gov .
2. Do not scan.