TB/HIV/STD Data Application
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.
 	
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.

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

- Signed Confidentiality Agreement
- Signed Acceptable User Agreement
- Security and Confidentiality training certificate

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.

Electronic signature required
How to create a digital signature in Adobe

Signature:

TB Data Application Access Request

NEDSS	NEDSS TB access – General:
	   ☐ **Level 1** – View (Read only)
	   ☐ **Level 2** – View, Run Reports
	   ☐ **Level 3** – View and Edit Data, Run Reports, Submit Notifications to Central Office
	 NEDSS TB access – DSHS Central Office ONLY:
	   ☐ **Level 4** – View and Edit Data, Create and Run Reports
	   ☐ **Level 5a** – View and Edit Data, Create and Run Reports, Report Data to CDC
	   ☐ **Level 5b** – View and Edit Data, Create and Run Reports, Report Data to CDC, Merge and Delete Investigations
	 Access justification:

Global Scape	☐ TB Program (includes surveillance) ☐ Hansen's Disease Access justification:
NTIP	☐ NTIP Access justification:
TB GIMS	☐ TB GIMS Access justification:
EDN	☐ EDN Access justification:

HIV/STD Data Application Access Request

THISIS	Please review **descriptions of THISIS roles and groups** before selecting responses to ensure you receive proper access and rights.
	 Only request roles from the following drop down lists if you **need editing rights** for that account. **Leave drop downs blank if you only need viewing rights.**
	   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 *(read description before selecting)*: ☐
	   THISIS **View-Only** Account (do not check if any editing rights needed): ☐ HIV/STD
	 Access justification:

Global Scape	**GlobalScape folder access requested (required):** ☐ Data to Care ☐ Electronic Lab Reporting ☐ ESP Group Analysis ☐ Hepatitis C Prevention ☐ Hepatitis C Surveillance ☐ HIV Prevention ☐ HIV/STD Surveillance ☐ MMP ☐ Provider Reporting ☐ Other: Access justification:
eHARS	☐ DSHS VPN access completed *(required for employee to use eHARS)* ☐ eHARS View Only ☐ eHARS Data Entry ☐ eHARS Administrator Access justification:
Other	☐ TAMI ☐ CITRIX ☐ Evaluation Web ☐ NTSS Access justification:

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

<table>
<tr><td colspan="3" align="center">**APPROVAL**</td></tr>
<tr><td colspan="3" align="center" style="color:red">**This section must be completed by Employee's Manager/Supervisor.**</td></tr>
<tr><td colspan="3">**MANAGER/SUPERVISOR**

Before signing, please review form to ensure employee has requested access to appropriate database(s) and proper role(s) are selected (where applicable).

_____ _____ _____
First and Last Name　　　　　　　　Phone　　　　　　Email

　　　　　　　　　　　　　　　　　　　　　　　　Electronic signature required
Signature:　　　　　　　　　　　　　How to create a digital signature in Adobe</td></tr>
<tr><td colspan="3" align="center" style="color:red">**This section must be completed by the Local Responsible Party for the agency.**</td></tr>
<tr><td colspan="3">**LOCAL RESPONSIBLE PARTY (LRP)**

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.

_____ _____ _____
First and Last Name　　　　　　　　Phone　　　　　　Email

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Signature:　　　　　　　　　　　　　How to create a digital signature in Adobe</td></tr>
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<tr><td align="center">**SUBMIT REQUEST**</td></tr>
<tr><td>Be sure all required forms are submitted with this request.

● Submit this form electronically to TBHIVSTD.AccountRequests@dshs.texas.gov.</td></tr>
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