

**WISCONSIN BLOOD LEAD REGISTRY  
USER SECURITY AND CONFIDENTIALITY AGREEMENT**

Organization Name: \_\_\_\_\_

User Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

By signing this agreement, I agree to:

- Comply with the Wisconsin Blood Lead Registry (WBLR) Organization Security and Confidentiality Agreement (DPH F-00116) and my organization's normal protocol for releasing identifying information for clients.
- Handle WBLR identifying information on clients in a confidential manner.
- Never knowingly enter invalid/false data or falsify any document or data obtained through the WBLR.
- Use the WBLR to access information and generate documentation only as necessary to properly conduct the administration and management of blood lead testing.
- Carefully and deliberately safeguard my user access code for the WBLR and never permit the use of my ID by any other person, unless expressly authorized by staff of the Wisconsin Childhood Lead Poisoning Prevention Program (WCLPPP).
- Never furnish identifying information or documentation obtained from the WBLR to individuals for personal use or to any individuals who have no duties relating to the administration and management of blood lead testing.
- Never attempt to copy the database or software used to access the WBLR database without written consent from the Wisconsin Department of Health Services (DHS).
- Promptly report to WCLPPP staff any threat to or violation of the WBLR Organization Security and Confidentiality Agreement or the WBLR User Security and Confidentiality Agreement.
- Allow DHS staff and authorized assigned agents to audit my WBLR transactions to ensure compliance with the WBLR User Security and Confidentiality Agreement.

I have read, understand, and agree to abide by the WBLR Organization Security and Confidentiality Agreement and the requirements set forth above in this User Security and Confidentiality Agreement. I understand that, if I violate WBLR confidentiality requirements, my access to WBLR data can be terminated and I may be subject to penalties imposed by law, including but not necessarily limited to penalties under Wis. Stat. sec. 146.84.

\_\_\_\_\_  
**SIGNATURE** - User

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Title of User

\_\_\_\_\_  
Telephone Number