



Secured Application User Agreement Access Form

As a user of any Cancer Section application (BC3NP and/or WISEWOMAN) I accept and agree to the following:

- I will handle information or documents obtained through all Secured Program Applications in a confidential manner.
- I will restrict my use of Secured Program Applications to accessing information and generating documentation only as necessary to properly conduct the administration and management of my duties as they relate to all the relevant programs.
- I understand that my transactions on MBCIS are logged and subject to being audited.
- I will not furnish information or documentation obtained through Secured Program Applications to individuals for personal use nor to any individuals not directly involved with the conduct of my duties as they relate to all the relevant programs.
- I will not alter or falsify any document or data obtained through the Secured Program Applications.
- I will not attempt to copy all or part of the database or the software used to access the Secured Program Applications in any unauthorized fashion.
- I will carefully safeguard my access privileges and password for MILogin and will not permit the use of my access privileges by any other person.
- I will report any threat to or violation of the Secured Program Application security.
- I will strive to enter accurate and timely data into the MBCIS.

User Information (please print):

Discontinue user's current access

Please select one of the following options and complete the information below:

MBCIS

DCH File Transfer

New User

Annual **Renewal**

Update my current access

**** NEW USER **** applications require *additional* "**Subscribe to Application**" process from MILogin

BC3NP Clinical

BC3NP **View Only** (no data entry privileges)

WISEWOMAN

WISEWOMAN **View Only** (no data entry privileges)

Discoverer

DCH File Transfer

MDHHS Business Objects

MILogin ID _____ Local Coordinating Agency _____

Full Name _____ Email _____

Job Title _____

Telephone Number _____ Fax Number _____

I have read the above security agreement and the prohibited acts provided on the reverse side of this form. I understand this information, and I agree to comply with the above provisions. Further, I understand any violation of these provisions may result in termination of access privileges and/or recommendation for prosecution.

User's Signature _____ Date _____

Supervisor's Printed Name _____ Supervisor's Signature _____ Date _____