



Request to Create User Account For the Oregon Breast and Cervical Cancer Program Web Data System

Directions: Please complete a Request to Create User Account form and Confidentiality Statement for each staff member needing a User Account.

A Confidentiality Statement is required by each user requesting a login account and must be signed by the user and the user's supervisor (this includes those with supervisory authority).

Please wait five business days for your log-on to be completed.

First Name: _____ Last Name: _____

Direct Phone: _____ E-mail: _____

Agency Name (please write out full name): _____

Site 1 Name: _____
(Staff may be assigned to one or more sites.)

Site 2 Name: _____

Site 3 Name: _____

Site 4 Name: _____

Site 5 Name: _____

Site 6 Name: _____

Site 7 Name: _____

Site 8 Name: _____

Site 9 Name: _____

Site 10 Name: _____

This staff person needs to be able to (select one):

- a) Only view data and billing claims.
- b) Enter / edit data and billing claims.
- c) Enter / edit data and billing claims. Also to change the ability what other staff at my agency can do. (This should be reserved for supervisors only.)

Please FAX the Confidentiality Statement and the Request to Create User Account forms to (971) 673-0997.

Revised: 9/9/09



Confidentiality Statement For the Oregon Breast and Cervical Cancer Program Web Data System

My agency has an executed Medical Services Agreement with the Oregon Department of Human Services, Office of Family Health, Oregon Breast and Cervical Cancer Program (BCCP).

I understand that I may only access the BCCP Web Data System (System) for data entry, billing, and creating reports for my agency's clients. I understand that the information in the System is confidential and cannot be used for any purpose other than data entry, billing, and creating reports related to my agency's clients. I understand that my security and authorization code is for my own use only and will not be used by anyone other than myself.

I understand that my use of the System is restricted to data entry and billing as it relates to the duties I am assigned to provide for _____.
(Agency Name)

I understand that a breach of confidentiality would result in denial of all future access to the Oregon BCCP Web Data System, as well as possible civil and/or criminal liability.

User Signature _____

Print User Name _____

Date Signed _____

Supervisor Signature _____

Supervisor Print Name _____

Date Signed _____

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Revised: 9/9/09

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