

**DentaSeal**  
**User Security and Confidentiality Agreement**

Participation in the Wisconsin Seal-A-Smile requires data entry into DentaSeal, an electronic database/reporting system. All users of DentaSeal must complete and sign this User Security and Confidentiality Agreement prior to gaining access the database.

Name: \_\_\_\_\_ User ID: \_\_\_\_\_ User Role: \_\_\_Local Program Administrator \_\_\_Local User

SAS program name: \_\_\_\_\_

By signing this agreement, I agree to:

- 1) Comply with my local programs policies and procedures for releasing personal health information for clients.
- 2) Collect and report data in DentaSeal that is timely and accurate.
- 3) Ensure personal responsibility for the validity, accuracy, and security of the data collected and reported.
- 4) Use DentaSeal database to access information and generate reports only as necessary to assist in providing services for clients and their families.
- 5) Carefully and deliberately safeguard my user ID and password for DentaSeal in accordance with generally accepted security practices and my local program's policies and procedures.
- 6) Allow SAS administrators to audit my DentaSeal transactions to ensure accuracy of data reported and compliance with the DentaSeal User Security and Confidentiality Agreement.
- 7) Promptly report to SAS administrators and my Local Program Administrator any conditions or activities that I reasonably believe may potentially compromise confidential information or be in violation of the DentaSeal User Security and Confidentiality Agreement.

By signing this agreement, I agree not to:

- 1) Request access to or use another person's DentaSeal user ID or password.
- 2) Disclose my user name and password for someone else to logon to DentaSeal.
- 3) Obtain or access DentaSeal information outside my defined roles.
- 4) Furnish identifying information or documentation obtained from DentaSeal to individuals for personal use or who do not have duties relating to oral health screening, evaluation, service provision or the general health of patients.
- 5) Copy the database or software used to access DentaSeal.
- 6) Knowingly falsify any document or data enter into or obtained from the DentaSeal database.
- 7) When my association ends with Wisconsin Seal-A-Smile, I will not take any confidential information with me and will return all such information.

Local Program Administrators will:

- 1) Ensure all local users have separate and unique user IDs and have completed the DentaSeal User Security and Confidentiality Agreement prior to granting access to DentaSeal.
- 2) Ensure only personnel whose assigned duties include functions associated with Wisconsin Seal-A-Smile will be given access to DentaSeal.
- 3) Send completed agreements to [dhssealasmile@wisconsin.gov](mailto:dhssealasmile@wisconsin.gov) within 30 days of being signed.
- 4) Contact SAS administrators immediately to disable DentaSeal access for a user that terminates employment or is no longer affiliated with the local program.
- 5) Ensure that reasonable and prudent security precautions are taken to safeguard confidential information.
- 6) Ensure the local program has specific policies and procedures regarding the release of personal health information.

I have read, understand, and agree to abide by the above requirements. DentaSeal data is confidential. I understand that, if I violate the above requirements or the local programs policies and procedures for releasing identifying health information, my access to the DentaSeal database can be terminated and I may be subject to penalties imposed by law. Breach of confidentiality requirements will subject the user and Wisconsin Seal-A-Smile grantee to termination from participation in the Wisconsin Seal-A-Smile program.

\_\_\_\_\_  
Signature – Local Program Administrator/Local User

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Print name - Local Program Administrator/Local User