

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL RECORDS SYSTEM
ELECTRONIC BIRTH/DEATH REGISTRY SYSTEM

PARTICIPANT APPLICATION

PLEASE PRINT or TYPE

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Name (First, MI, Last)
Primary Location Name
Primary Location Mailing Address (Street Address or PO Box, City, State, Zip Code)
County
Area Code & Phone
Area Code & Fax
Email Address
Preferred Method of Contact (Check One) <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone
User Location (Check One) <input type="checkbox"/> Physician Office <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral Home <input type="checkbox"/> Coroner's Office <input type="checkbox"/> County Registrar <input type="checkbox"/> State – Specify: _____ <input type="checkbox"/> Other – Specify: _____
Title (Check One) Secure User: <input type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Funeral Director General User: <input type="checkbox"/> Funeral Home Admin/Support <input type="checkbox"/> Facility Admin/Support <input type="checkbox"/> State Data Entry <input type="checkbox"/> Med Records Clerk
Nevada License Number: (Physician, Nurse, Funeral Director, etc...)

<p style="text-align: center;"><u>For Official Use Only</u></p> <p>Date Received: _____</p> <p>Read Only <input type="checkbox"/> Yes <input type="checkbox"/> No Secure User <input type="checkbox"/> Yes <input type="checkbox"/> No Test Server <input type="checkbox"/> (Date Expires _____)</p>	<p>When form is completed... Email – OVRhelp@health.nv.gov, FAX (775) 684-4156 and/or send to:</p> <p>Division of Public and Behavioral Health Office of Vital Records 4150 Technology Way, Ste 104 Carson City, NV 89706</p>
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Nevada Department of Health and Human Services
OFFICE OF VITAL RECORDS

CONFIDENTIALITY PROTOCOL

I agree to comply with this confidentiality protocol for the purpose of using the Web-enabled Vital Records Registry System (WEVRRS) and related software provided by the Nevada State Health Division (NSHD). I understand WEVRRS and related software is to be used only for completing birth/death certificates for NSHD and compatible valid official business purposes.

I understand the following conditions are required for using WEVRRS and related software and I agree to abide by them:

1. Use WEVRRS and related software to file birth/death certificates are required by Nevada Revised Statutes NRS 440.100.
2. Use of my WEVRRS user name and password assigned to me by NSDH is exclusive to my use, any other person's use of my WEVRRS user name and password is prohibited and that misusing my user name/password could result in penalties per NRS 440.720 through NRS 440.740 inclusive and NRS 440.780.
3. Treat and maintain all WEVRRS information as strictly confidential.
4. Secure WEVRRS and related software by taking all appropriate measures to protect against unauthorized access and provide an appropriate and physically secure environment for that software.
5. Notify the NSHD, Office of Vital Records in a timely manner if I should decide to no longer use the WEVRRS and related software.
6. Not hold myself or any employee or agent of mine, out as or claim to be an officer or employee of the State of Nevada and not make any claim, demand, or application to, or any right or privilege applicable to an officer or employee of the Nevada State Health Division including, but not limited to, worker's compensation, health, life or malpractice insurance, retirement membership or credit and I agree to assume responsibility for such liabilities.
7. To hold harmless and indemnify the State of Nevada, its officers, agents and employees from and against any and all actions, suits, damages, liability or other proceedings which may arise as a result of performing services hereunder. This section does not require me to be responsible for or defend against claims or damages arising solely from the acts or omissions of the State, its officers, agents or employees.

8. To notify the Office of Vital Statistics of any violations of this protocol within 72 hours.

I further understand that failure to adequately protect WEVRRS information can subject me to both criminal and civic sanctions, including, but not limited to, a federal civil action pursuant to the Privacy Act, 5 U.S.C. §552a(g), and a federal criminal action pursuant to the Privacy Act, 5 U.S.C. § 552a(i).

I understand that failure to comply may result in my exclusion from using WEVRRS.

Participant Signature

Please print participant name

Participant Address

Participant Address

Participant Telephone Number

Participant Email