State of Nevada



Division of Public and Behavioral Health Bureau of Preparedness, Assurance, Inspections and Statistics Office of Vital Records and Statistics 4150 Technology Way, Suite 104 Carson City, Nevada 89706 Telephone (775) 684-4242 <u>http://dpbh.nv.gov</u>

ELECTRONIC BIRTH/DEATH REGISTRY SYSTEM (EBRS/EDRS) USER APPLICATION FORM

Due to the sensitivity of the registry system, a photo ID of the person applying for access will be required. Please attach a copy of your ID with your application and submit to the Office of Vital Records. Email: <u>ovrhelp@health.nv.gov</u> Fax: 775-684-4156 Mail: Address Listed Above

PLEASE PRINT or TYPE	* Indicates REQUIRED Information Needed
*Name (First, MI, Last)	
*Primary Facility Name (Not Address)	
*Primary Facility Mailing Address (Street Address or PO Box, City, State, Zip Code)	
List Additional Facilities Needed (Optional - Include Name AND Addresses)	
List Additional Facilities Accord (Optional - Include Maine AND Addresses)	
*County	
Area Code & Phone Area Code & Fax	
*E-mail Address (The login information can only be sent to the applicant.)	
Additional E-Mail Address (This e-mail address will be copied on system generated notices.)	
*VALID Nevada Medical, APRN or Funeral Director License Number	
Birth (Check One)	
Physician Med Records Clerk Midwife	
Death (Check One)	
Physician Coroner APRN	Facility Admin
Funeral Director Funeral Home Admin Hospice Admi	in
State/County Office: (Check One)	
State/County Registrar Admin (Specify)	
Official Use Only Date Received: Date Verified:	

For Official Use Only Da

____Completed By:_____

Nevada Department of Health and Human Services OFFICE OF VITAL RECORDS AND STATISTICS

CONFIDENTIALITY PROTOCOL

I agree to comply with this confidentiality protocol for the purpose of using the Electronic Birth/Death Registry System (EBRS/EDRS) and related software provided by the Nevada Department of Health and Human Services (NDHHS). I understand the EBRS/EDRS and related software is to be used only for completing birth/death certificates for NSHD and compatible valid official business purposes.

I understand that certain conditions are required for using the EBRS/EDRS and related software and I agree to abide by the following:

- 1. The use of the EBRS/EDRS and related software to file birth/death records is required by Nevada Revised Statutes NRS 440.100.
- 2. The use of my EBRS/EDRS user name and password assigned to me by NDHHS, is exclusive to my use. Any other person's use of my EBRS/EDRS user name and password is prohibited. Misusing my user name/password could result in penalties per NRS 440.720 through NRS 440.740 inclusive and NRS 440.780.
- 3. To treat and maintain all the EBRS/EDRS information as strictly confidential.
- 4. To secure the EBRS/EDRS and related software by taking all appropriate measures to protect and physically secure software against unauthorized access.
- 5. To notify the NDHHS, Office of Vital Records in a timely manner if I should decide to no longer use the EBRS/EDRS and related software.
- 6. To not misrepresent myself or any employee or agent of mine as an officer or employee of the State of Nevada. To not make any claim, demand, or application to, or any right or privilege applicable to an officer or employee of the NDHHS; including, but not limited to: worker's compensation, health, life or malpractice insurance, retirement membership or credit. 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, suites, 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 the EBRS/EDRS 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).

Print Name: _____

Signature: _____ Date: _____