



Arkansas Department of Health

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Governor Mike Beebe
Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

Reporting of Syndromic Surveillance Data

Date: _____ Organization: _____
(Legal Name of Facility or Practice)

This Data Use Agreement (DUA) is effective on the ____ day of ____, 20__, (Effective Date) and is entered into by _____ an organization located at _____ and the Arkansas Department of Health, ADH. The purpose of this Agreement is to provide ADH with access to Syndromic Surveillance information to populate the BioSense 2.0 application. The Public Health reporting and analyses of the reportable disease transmitted by _____, will be conducted in accordance with the HIPAA Regulations.

We understand that any wrongful disclosure of individually identifiable health information can be considered a violation of HIPAA (42 USC 1320d-6) and may result in fines of up to \$1.5 million, and imprisonment of not more than 10 years, or both. Wrongful disclosures may also result in state criminal sanctions of fines up to \$500.00 or imprisonment not exceeding one (1) month, or both. In addition, civil penalties may be administered by the State Board of Health of fines up to \$1,000 per violation.

We understand that being granted access to the BioSense 2.0 surveillance system for syndromic information does not commit the Arkansas Department of Health to any expense.

We understand that non-compliance with this agreement will result in an immediate loss of access to information in the BioSense 2.0 application and the ability to use syndromic surveillance as documentation for Meaningful Use Attestation.

The entity, _____, will transmit a syndromic symptom within 24 hours of patient encounter. The entity agrees to use the Arkansas Department of Health provided HL7 specifications to ensure the following:

- The HL7 interface is current and updated within 30 days of any Arkansas Department of Health modifications, updates or recommendations.
- To exchange syndromic surveillance records at a minimum time interval of daily with the understanding that the Arkansas Department of Health recommends a real-time transmittal of records.
- To make adjustments to the interface or correction of records as emphasized in the Arkansas Department of Health's data quality monitoring and reporting.
- To ensure the overall quality and integrity of the data our organization submits.

ENTITY

Technical Point of Contact Name: _____ Number: _____

E-mail _____

Facility/Practice Point of Contact Name: _____ Number: _____

E-mail _____

Authorizing Signature: _____

Print Name: _____ Print Title: _____