Arkansas Department of Health
4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
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: ___________________________