

NEW MEXICO DEPARTMENT OF HEALTH

CONFIDENTIAL PATIENT INFORMATION TRANSFER OF DATA

The Scientific Laboratory Division (SLD) of the New Mexico Department of Health, is transferring to _____ (Institution or Program Name) encrypted patient data. SLD has provided to you, __ password(s) and __ user code(s), to de-encrypt your patient data. By signing this document you are agreeing to the terms that:

- 1) the password(s) and user code(s) provided to you be used only by the SLD approved designated user(s) (the designated user is the “user code” person name)
- 2) only your own Institution/Program(s) data is accessed.

Downloading, de-encrypting or otherwise utilizing patient data for which permission has not been granted is a violation of New Mexico statutes and federal laws. The password recipients and the programs or institutions they represent agree to indemnify and hold harmless the Department of Health, its agents and employees from any damages or sanctions caused by the misuse of the data maintained by the Scientific Laboratory Division.

The Parties acknowledge that patient records in the control and/or custody of the parties are confidential pursuant to state law.

SIGNATURE OF PASSWORD/USER CODE RECIPIENT(S)

DATE

1. _____

2. _____

3. _____

SIGNATURE OF SLD REPRESENTATIVE

DATE



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MAILING ADDRESS OF PASSWORD/USER CODE RECIPIENT(S)

EMAIL AND PHONE NUMBER OF PASSWORD/USER CODE RECIPIENT(S)
