



Lori Shihinette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6738 1-800-804-0909
Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbcs/bdas

Rules of Use for the New Hampshire Web Information Technology System (WITS)

These “Rules of Use” apply to all participants in WITS, a web-based system.

The NH Web Information Technology System (WITS) provides a secure, 24/7 accessible web-based information technology system for the purpose of storing client demographic information (e.g. client first and last name, date of birth, address, phone numbers). WITS is a Stage 1 Ambulatory Meaningful Use Certified Electronic Health Record (EHR) originally built by SAMHSA and focused on Substance Use Disorder services. WITS assists in tracking and managing clients, staff, facilities, and agencies collecting treatment, prevention, and recovery data. WITS is also used also to capture the Treatment Episode Data Set (TEDS) required for Federal Block Grant reporting requirements and Centers for Disease Control (CDC) National Outcomes Measurement System data submission.

The WITS Security and Authentication Modules are built upon three sets of guiding rules: HIPAA, 42 CFR pt. 2 (which is more rigid than HIPAA), and 28 CFR pt. 23 (Criminal Justice data security rules). FEI designed the software to strictly adhere to these rules at the framework level; therefore, all modules, which are effectively built on top of the framework, inherit these constraints.

These Rules of Use establish access, disclosure and modification standards that are the foundation of a successful security plan. WITS users are responsible for reporting to the Provider System Administrator and the Bureau of Drug and Alcohol System Administrator (BDAS) any unauthorized access or disclosure of WITS data.

Participant Responsibilities

1. Participants will not attempt to avoid or circumvent the security measures set up to protect the WITS system from unauthorized use (e.g., sharing User ID or Password).
2. Participants must provide a full name and email information to the WITS System Administrator or Provider System Administrator and permit the use of this information in order to register the user for access to the WITS system.
3. Participants will notify the WITS System Administrator or Provider System Administrator of any change in job position or responsibilities to allow for the evaluation of the appropriateness of continued status as a registered user.
4. Participants acknowledge that a change in job position or responsibilities may make them ineligible for further access to the WITS system.
5. Participants acknowledge that the information received via the WITS system is privileged and confidential. This information can only be shared with those co-workers who need this information in order to perform their client consented job responsibilities, and will not be shared with anyone outside

their office, unless approved by their immediate supervisor and is in accordance with the agency's release of information policies and complies with HIPAA, 42 CFR pt. 2 regulations.

6. Participants will limit the amount of information that they download or print from the WITS system to only those items that are essential to the performance of their professional duties. Downloaded data containing protected health information will be stored only in secure and protected locations on the computer. Downloaded data containing protected health information shall not be stored on portable electronic devices such as laptops and may only be stored on portable storage devices (flash drive, CD-ROM, etc) if absolutely necessary to complete a work task and only if the device is secured in the same manner confidential paper records are stored (in a locked file cabinet, etc). Such devices cannot be removed from the work location unless secured and in accordance with the agency's confidentiality policy and applicable State/Federal Laws.
7. Participants agree to destroy all information downloaded and/or printed from the WITS system (electronic and hard copy) as soon as it is no longer needed.
8. Participants will limit the photocopying of information obtained from the WITS system, and will destroy photocopies when no longer needed.
9. Participants will submit information to the WITS system that is accurate to the best of their knowledge at the time of submission, and update the system when they become aware of changes to the information contained there.

I have been granted access to the WITS system as a registered user due to my current status as a BDAS contracted service provider, BDAS approved provider, BDAS duly authorized user, or BDAS approved State of New Hampshire Employee. I understand that as a WITS user, I will have access to sensitive and confidential information, and this information has been shared with me in a strictly professional capacity, in order to assist me in the performance of my official professional responsibilities.

Acknowledgement and Agreement

I _____, _____,
Name Agency

Position/Title Agency Address

As an authorized WITS user acknowledge receipt of, understand my responsibilities, and will comply with the Rules of Use for the WITS System.

Signature Date

Please sign and date this completed form and mail or fax to:

**Bruce A. Blaney, WITS Coordinator
NH BDAS
105 Pleasant Street
Concord, NH 03301 Fax: 603-271-6105**