



4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

## WEB PLUS USER FORM

*NCCR will create one account per facility for use with Web Plus, and will notify users with account information by email. Please provide contact information for the primary user from your facility. Supervisor's contact information is also needed in the event we cannot reach the primary user for questions/concerns regarding your account.*

### PRIMARY USER INFORMATION

|                |                 |
|----------------|-----------------|
| Name:          | Title/Position: |
| Facility Name: | Address:        |
| E-Mail:        | Phone Number:   |

### SUPERVISOR CONTACT INFORMATION

|                |                 |
|----------------|-----------------|
| Name:          | Title/Position: |
| Facility Name: | Address:        |
| E-Mail:        | Phone Number:   |

### CONFIDENTIALITY UNDERSTANDING AND USER AGREEMENT FOR ABSTRACTORS USING WEB PLUS

- I, \_\_\_\_\_, understand that I am being given access to an Internet-based secure application, Web Plus, for uploading files to the Nevada Central Cancer Registry (NCCR). Web Plus allows me to upload **confidential** patient information to the NCCR as a representative of my facility, \_\_\_\_\_ (facility name).
- I understand that Web Plus records what I have entered, what computer I used to access Web Plus, and the times I logged into the system. These records are available to the NCCR.
- I agree to keep my user ID and password secure and not to share them with anyone else.
- I agree only to access Web Plus from a computer approved by my supervisor.
- I agree to follow my facility's usual requirements for computer security and patient confidentiality.
- I understand that violation of this agreement will result in loss of access to Web Plus.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### INFORMATION

*Please provide the appropriate information and return this form by fax or email to:*

Nevada Central Cancer Registry  
Attn.: Rani Reed  
Fax: 775-684-5999 E-Mail: [rrreed@health.nv.gov](mailto:rrreed@health.nv.gov)

### NCCR ONLY

Date Received: \_\_\_\_\_ Date Recorded: \_\_\_\_\_ User ID: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Access Type:  File Uploader  Abstractor