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The Department of Health and Human Services (DHHS), Maine Center for Disease Control and Prevention (Maine CDC), Data, Research, and Vital Statistics office (DRVS) hereby promulgates, pursuant to section 6 of the revised Department 10-146 rules for Chapter 4, Release of Vital Statistics Data, Reports, and Vital Records, the DRVS Disclosure Agreement. The disclosure agreement addresses the genealogist's code of ethics, methods of inspection, confidentiality and non-disclosure requirements that all genealogists must sign and adhere to prior to the approval of a genealogical researcher identification card.

#### Genealogist Code of Ethics

I agree that professionalism in genealogy requires ethical conduct in all relationships with the present or potential genealogical community. I therefore agree;

1. To be courteous and respectful to the staff in a municipal office, DRVS and all others present.
2. To become familiar with the policy adopted by a municipal office or DRVS and the vital records or indexes available prior to the visit.
3. To be respectful and familiar of the policy adopted by a municipal office or DRVS pertaining to hands-on public inspection of vital records and indexes.
4. To treat records with care and respect; support efforts to locate, collect, and preserve the records by compiling, cataloging, reproducing, and indexing documents; refrain from mutilating, rearranging, or removing from their proper custodians printed, original, microfilmed, or electronic records.
5. To support initiatives that preserve public records and access to them by;
  - using only pencils in an assigned work area
  - keeping all records in the order in which they are delivered
  - not mutilating, defacing, altering, or removing any record
  - not placing a note paper on a record when writing on that paper
  - handling records and indexes carefully and being aware that many are heavy and unwieldy
  - not allowing cameras or cell phones with cameras
  - refraining from chewing gum, eating or drinking anything while in the assigned work area, and
  - not allowing children to handle the records.

#### Method of Inspection

DRVS intends to implement a query system to provide access to vital statistics data and support the information needs of genealogical researchers who hold a valid Maine genealogical researcher identification card. The DRVS query system must be used only for the intended purposes. Any effort to determine the identity of any individual, or to use the information for any purpose other than genealogy research, is prohibited. Therefore, as a condition for being given access to DRVS query system, I agree that:

- the use of data must be used for genealogical research only
- no attempt shall be made to learn the identity of any individual included in these data
- no disclosure or other use of the identity of any person discovered inadvertently shall be made, and
- while accessing the databases, my activity may be monitored and recorded for auditing purposes.

I understand that failure to adhere to the above stated agreement will result in loss of access to the DRVS query system, and I may be subject to criminal penalties as specified in M.R.S.A., Title 22 § 2708(2). Any fraudulent use, release, or publication of vital statistics data contrary to the provisions stated is considered a class E crime, and the matter must be referred to the district attorney or other legal authority for further action.

### Confidentiality and Non-disclosure Statement

The State of Maine, DRVS query system, will enable multiple genealogists who have obtained valid researchers identification cards to electronically access indexes by entering the required search criteria. The Chief Information Officer (CIO) is by law, responsible for safeguarding computerized information for the State of Maine. The CIO has determined that individuals who use State of Maine computer resources directly, or who may otherwise have access to computerized information of the State of Maine, be advised of the following:

1. Any USERID and password issued to you is for your exclusive personal use only, and must not be divulged to anyone.
2. You may use State of Maine computer resources for business purposes only and only through those processes/programs specifically authorized to you by the Bureau of Information Services or its agent(s).
3. Title 17-A Section 432 MRSA states: "A person is guilty of criminal invasion of computer privacy if the person intentionally accesses any computer resource knowing that the person is not authorized to do so."
4. Title 17-A Section 433 MRSA states: "A person is guilty of aggravated criminal invasion of computer privacy if the person: A. Intentionally makes an unauthorized copy of any computer program, computer software or computer information, knowing that the person is not authorized to do so; B. Intentionally or knowingly damages any computer resource of another person, having no reasonable ground to believe that the person has the right to do so; or C. Intentionally or knowingly introduces or allows the introduction of a computer virus into any computer resource, having no reasonable ground to believe that the person has the right to do so."

Individuals having access to computerized information belonging to the State of Maine are required to read and sign a copy of this statement indicating their acknowledgment and understanding of it.

By signing this document I hereby agree to abide by all Maine laws and regulations regarding genealogical research, all measures specified in this agreement such as the genealogist's code of ethics, methods of inspection, confidentiality and non-disclosure requirements. I understand that every genealogist who is authorized to access the DRVS query system holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information.

### **Signature(s) Must Be Notarized**

I hereby declare under oath that the information provided above is true to the best of my knowledge and belief.

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Signature of Genealogist

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Date

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Name (Printed or Typed)

Subscribed and Sworn on: \_\_\_\_\_

My term expires: \_\_\_\_\_

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Signature of Notary Public

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Printed Name of Notary Public