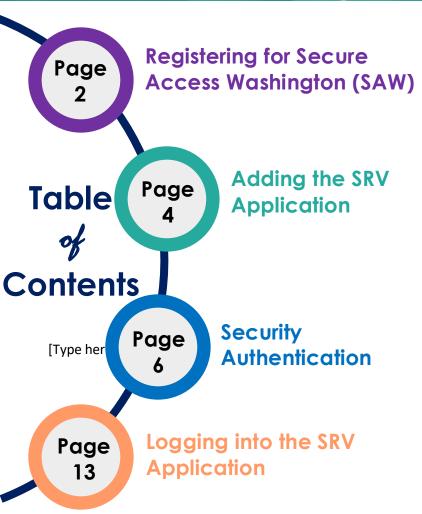
# Washington State Newborn Screening Program



Secure Remote Viewer (SRV)
-Getting Started Guide-



This guide describes how to register for Secure Access Washington (SAW) and the Newborn Screening Secure Remote Viewer (SRV) application.

With this service, you can login and view newborn screening results for infants at your facility anytime online.



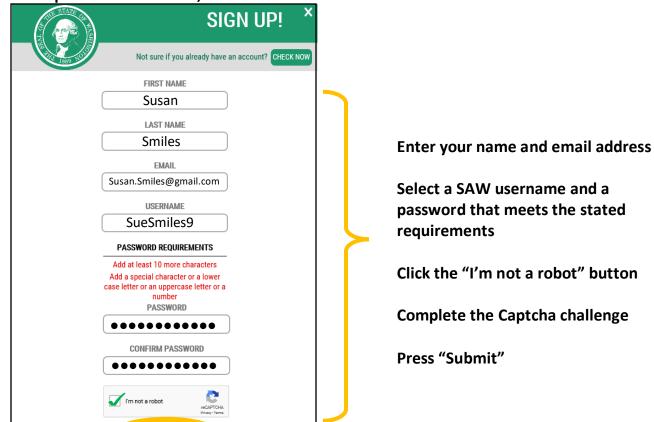
# Registering for Secure Access Washington (SAW)

Secure Access Washington (SAW) is the Washington State application gateway for various online government services. Some individuals already have a SAW account. If you already have a SAW account, skip to step 7 of this guide to add SRV to your existing SAW account. If you do not have a SAW account, follow these instructions to create one.

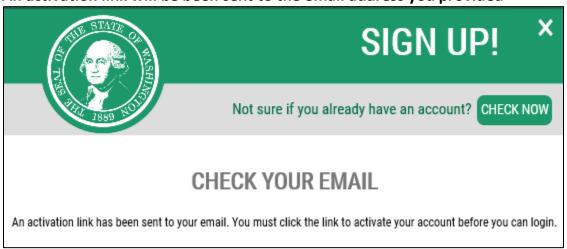
1. Go to <a href="https://secureaccess.wa.gov/">https://secureaccess.wa.gov/</a> and click "Sign Up!" to start the registration process



2. Enter the requested information, click "I'm not a robot" and then "Submit"



3. An activation link will be been sent to the email address you provided

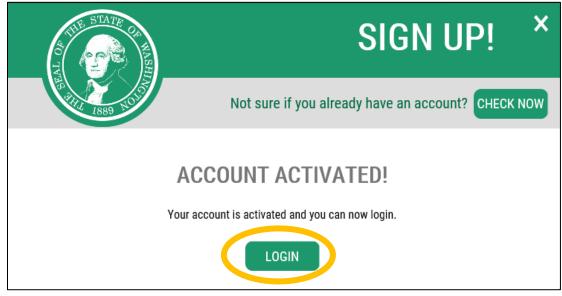


4. Login to your email account and click the activation link from SAW

5. You will receive an "Account Activated" notice. Select "Login."

Login at https://secureaccess.wa.gov

This is an automated message sent by SecureAccess Washington.



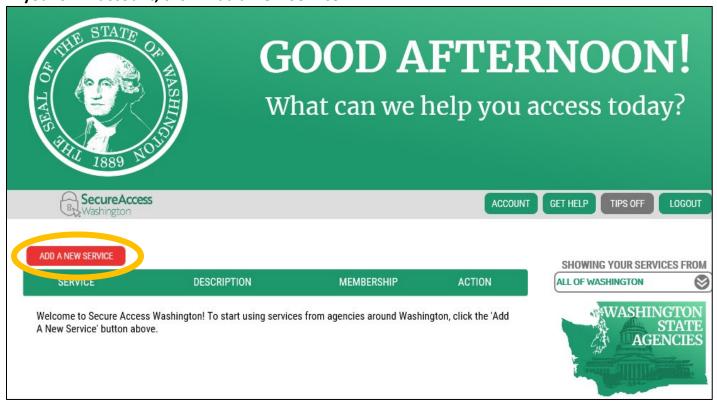
If you require assistance, please leave us a note at https://secureaccess.wa.gov/public/saw/pub/help.do

6. Now login to SAW with the username and password you created



# Adding the SRV Application

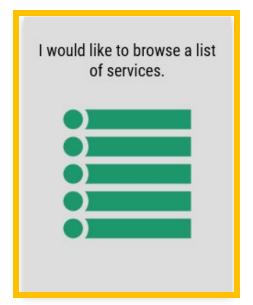
7. In your SAW account, click "Add a New Service"



8. Select "I would like to browse a list of services."

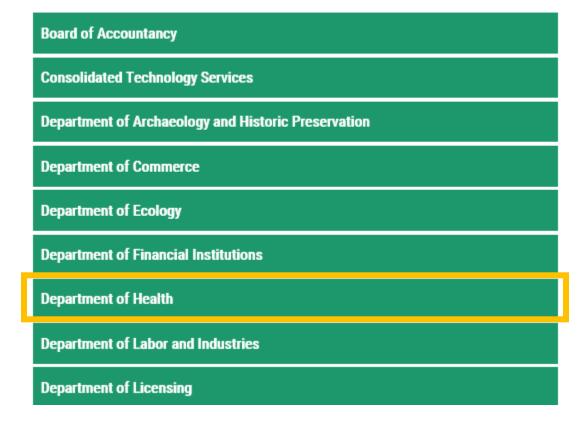
# ADD A NEW SERVICE





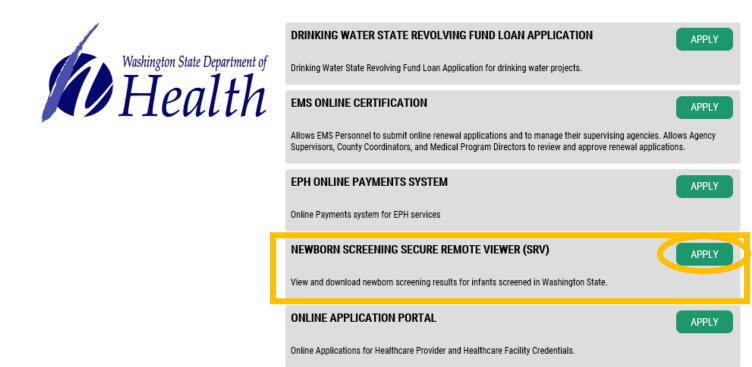
9. Select "Department of Health" from the list

# ADD A NEW SERVICE



#### 10. Find "Newborn Screening Secure Remote Viewer (SRV)" and select "Apply"

# SERVICES FROM DOH



# **Security Authentication**

**Identity Verification (KBA):** You will be asked several questions to verify your identity based on public records data. This is needed to verify your identity before accessing a service containing personal health data.

11. Ensure your legal name is displayed correctly. Click "Edit your name" if not correct.

# **IDENTITY VERIFICATION**

You will be asked a series of questions based on your public record data (the state of Washington does not gather or store this data). These questions could be about things you have owned, people you know or your professional experience. If you do not wish to answer these questions, you may request permission to skip this step. This choice may delay access to your service. Requests to bypass this process will send a notification to the owner of the service who may reach out to you to verify your identity manually. Once verified, you will be able to continue the registration process for this service.

#### NAME

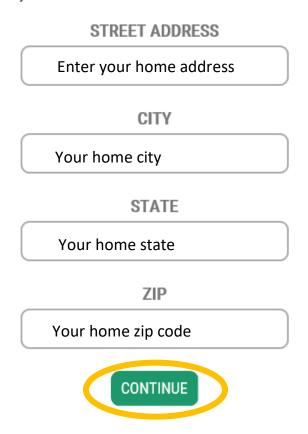
Is your legal name displayed correctly below? First and Last name are required. This name should match your appears on your official documents, like your driver's license or pass ort. Edit your name if it bos not match your official documents. Once any earn are complete player ereturn to this page.

SUSAN SMILES

12. Enter your personal/home address (wherever you receive bills or bank statements) and press "Continue."

#### **ADDRESS**

The State of Washington does not store this address or use it for any purpose other than this transaction. If you have more than one address, enter the location where you receive bills or bank statements.



13. Select the answer to the verification questions. These may be about things you have owned, people you know, or your professional experience. Below is an example, your questions will be different.

# IDENTITY VERIFICATION QUESTION

In which of the following cities have you attended college?

○ Amherst
O Memphis
○ Milwaukee
Ocala
<ul> <li>Springfield</li> </ul>
O None of the above
CONTINUE

TIP: If you have trouble with the questions or the system cannot verify your identity, try the KBA again - different questions will be provided that you may be able to answer

TIP: If you are still unable to pass the verification check, select "request permission to skip this step" (KBA Bypass)

# **IDENTITY VERIFICATION**

You will be asked a series of questions based on your public record data (the state of Washington does not gather or store this data). These questions could be about things you have owned, people you know or your professional experience. If you do not wish to answer these questions, you may request permission to skip this step. This phoice may delay access to your service. Requests to bypass this process will send a notification to the owner of the service who may reach out to you to prify your identity manually. Once verified, you will be able to continue the registration process for this service.

#### NAME

Is your legal name displayed correctly below? First and Last name are required. This name should match what appears on your official documents, like your driver's license or passport. Edit your name if it does not match your official documents. Once any edits are complete, please return to this page.

You will receive the notice "Request Received"

# REQUEST RECEIVED

Your request has been received and is awaiting review by the application owner. You will be notified by email when a decision has been made.



 Send an email to <u>Relasha.Sampson@doh.wa.gov</u> stating that you would like to register for SRV but had trouble with the KBA. Include the following information:

Full Name:

Work Phone:

Work Fax:

Work Email:

Title:

Organization/Business Name:

**Business Address:** 

City:

State:

Zip:

Newborn Screening Submitter ID#:

Additional Submitter ID#s you wish to view results for:

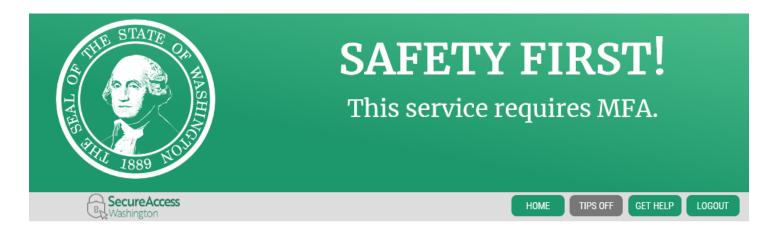
Reason for additional submitter ID#s (eg. affiliated clinics):

Your role in newborn screening:

 You will receive an email when your KBA bypass is approved or requesting additional information **Multi-factor Authentication (MFA) Enrollment:** After completing the identity verification (KBA), you will be asked to enter an email and phone number to verify that it's really you when you sign in from different computers.

When you sign in from a new computer, you will select whether you want to receive a verification code by email or by phone via text message (if text enabled) or via phone call (if not text enabled)

#### 14. Press "Begin"



#### **MULTI-FACTOR AUTHENTICATION (MFA)**

Multi-Factor Authentication adds an extra layer of security to your account.

- · Requires an additional check beyond username and password
- · Helps prevent identity theft and fraud
- Is an Office of the Chief Information Officer (OCIO) requirement for applications containing personally identifiable information (PII)

#### ADD MFA TO YOUR ACCOUNT

We will collect additional emails and phone numbers where we can send codes to verify you in the first



15. Enter your email address. When you login to SAW from a new computer, this email address will receive a verification code for you to enter into SAW. Press "Continue" when done.

# **MULTI-FACTOR AUTHENTICATION (MFA)**

Multi-Factor Authentication adds an extra layer of security to your account.

- · Requires an additional check beyond username and password
- · Helps prevent identity theft and fraud
- Is an Office of the Chief Information Officer (OCIO) requirement for applications containing personally identifiable information (PII)

#### ADD EMAILS

Enter the email addresses that you would like us to send verification codes when we need to make additional security checks.

PRIMA	ARY (REQU	JIRED)
Susan.Sm	niles@g	mail.com
(	OPTIONAL	
	NEXT	

# 16. Enter your phone number. When you login to SAW from a new computer, this phone will receive a verification code (if text enabled) or a phone call (if not text enabled). Press "Continue" when done.

#### **MULTI-FACTOR AUTHENTICATION (MFA)**

Multi-Factor Authentication adds an extra layer of security to your account.

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- Is an Office of the Chief Information Officer (OCIO) requirement for applications containing personally identifiable information (PII)

#### **ADD PHONES**

Enter the phone numbers you would like us to use for additional security checks. When those occur, you will be able to choose between text messages or an automated call if you prefer to use a number that doesn't receive texts.

PRIMARY PHONE
10 DIGIT NUMBER
OPTIONAL PHONE
10 DIGIT NUMBER
EXTENSION (OPTIONAL)
NEXT

#### 17. Review the information you provided

#### Select Yes/No to whether you will use this computer in the future

- a. Yes = the computer will be remembered and you will not need to complete MFA to access SRV in the future on this computer (select for a secure computer)
- b. No = You will need to complete MFA (provide the verification code) in the future on this computer (select for non-secure or public computers)

Select "Submit"

# **MULTI-FACTOR AUTHENTICATION (MFA)**

Multi-Factor Authentication adds an extra layer of security to your account.

- · Requires an additional check beyond username and password
- · Helps prevent identity theft and fraud
- Is an Office of the Chief Information Officer (OCIO) requirement for applications containing personally identifiable information (PII)

#### REVIEW AND FINALIZE

Please review the information you have entered and make any changes before pressing the "SUBMIT" button.



EMAIL 1: hlovejoy@uw.edu

Would you like us to add this computer to our list of known devices? Users who access the system using a known device are slightly less likely to be challenged.



#### 18. Complete the registration form for the SRV application with your WORK information

# ADDITIONAL INFO FOR DOH



Department of Health requires some additional information before they can allow access to this service. Please fill in the form below.

#### \*Name

Your first and last name.

Susan Smiles

#### \*Business Name

Your hospital, clinic, laboratory, midwifery practice, or other business name.

**Smiles Pediatrics** 

#### \*Business Address

Your work address.

1233 Evergreen Way, Seattle, WA 98105

#### \*Phone

Your work phone number.

206-123-4567

#### \*Fax

Your work fax number.

206-123-4566

#### \*Email Address

Your work email address.

Susan.Smiles@smilespeds.com

#### \*Newborn Screening ID Number

The ID number you use in the Submitter ID section on screening cards.

C9876

#### Additional IDs to View Results

If you need to view results for infants from other medical practices, write the ID numbers here.

C7896

#### Reason for Additional IDs

Provide the reason for viewing results from another facility. Example: affiliated clinics

Affiliate clinics, we have two

#### \*Role in Newborn Screening

Provide a brief description of your role in newborn screening. Example: midwife, medical records.

pediatrician



19. You will receive a confirmation screen stating your account is under review. You will receive an email once your account is approved.



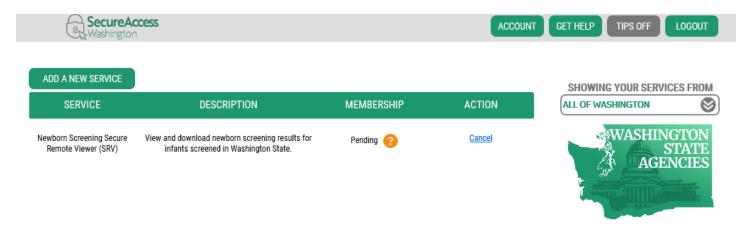
# REGISTRATION UNDER REVIEW

Thank you for registering with agency **Department of Health**'s service **Newborn Screening Secure Remote Viewer (SRV)**. You will be notified by email of the approval or rejection of your service registration.

OK

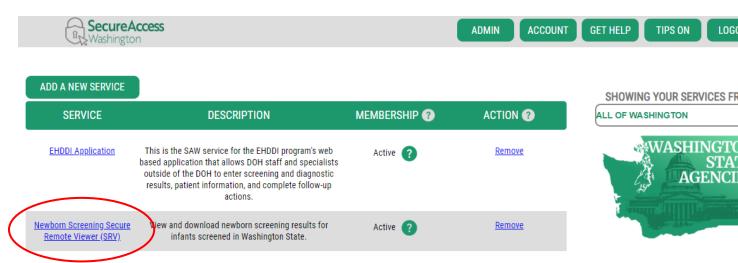
The Newborn Screening Results Secure Remoter Viewer (SRV) application will show as "Pending" until approved.

If your account is not approved within 5 business days, contact Relasha Sampson at 206-418-5719 or by email Relasha.Sampson@doh.wa.gov

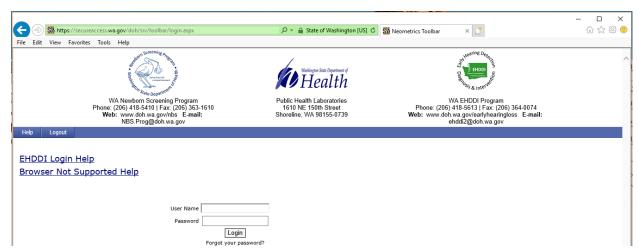


# **Logging into the SRV Application**

- Please use Microsoft Edge, Google Chrome, and Firefox to access SRV.
- Log into SAW at <a href="https://secureaccess.wa.gov/">https://secureaccess.wa.gov/</a> using the User ID and password you created through SAW
- 2. Select the service "Newborn Screening Secure Remote Viewer (SRV)"
  - If your membership is still listed as "Pending," your account has not been approved yet. You will receive an email when your account is approved and your membership will say "Active"



3. Now enter your SRV username and password



**TIP:** Your SRV username and a temporary password were emailed to you from <a href="mailto:noreply@doh.wa.gov">noreply@doh.wa.gov</a> when your SRV account was approved. These are different than your SAW username/password.



- **TIP**: Manually type the temporary password in. It does not work to copy/paste the temporary password from the email into the password box.
- **TIP:** If you didn't receive an email with your username and temporary password, check your Junk Email.
- **TIP:** If lost the email with the temporary password, click "Forgot your password?" on the login screen to receive a new temporary password

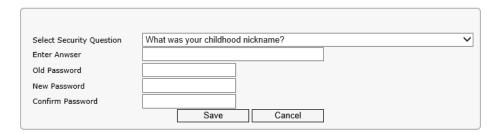
User Name	
Password	
	Forgot your password?

4. After entering your username and password, select "Login"



- 5. The first time you login, you will be prompted to change your password
  - Select and answer a security question and choose a new password. Your new password must contain at least 8 characters and at least one number and one symbol.
    - Manually type the temporary password into the "Old Password" box, do not copy/paste

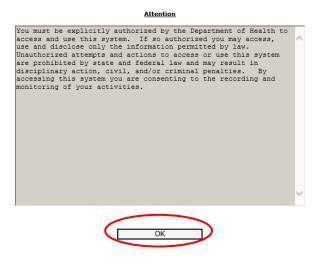
Your password has expired. Please select a security question and reset your password



6. You will be taken back to the login screen to login with your username and new password



7. Press "OK" to the confidentiality message



8. Now you are logged in and ready to search for results!

**Tip:** There are 5 options to choose from to search for patients Newborn Screening Results.

**Tip:** Highly recommend using #3 by entering Baby's DOB, Mother's first or last name only, or both.

**** Result information for infants born before 1998 may be obtained by calling 206-418-5410 ****			
SEARCH FOR PATIENT RECORD(S) IN ONE OF THE FIVE WAYS:			
1) DATE COLLECTED AND SUBMITTER ID# (USE FOR	TRACKING SPECIMEN RECEIPT BY THE NBS LABORATORY)		
Date Collected	· ·		
Submitter ID#			
2) DATE REPORTED AND SUBMITTER ID# (USE FOR I	DAILY PRINTING OF RESULT REPORTS)		
Date Results Reported			
Submitter ID#			
3) DOB AND ANY ONE OF THE FOLLOWING FIELDS. I	N NAME FIELDS USE THE * FOR A "STARTS WITH" SEARCH		
DOB is a required field:			
* Baby's DOB			
Plus at least one additional field below:			
Mother's Last Name			
Mother's First Name			
Baby's Name			
	**** Search by baby's first or last name only if not finding by full name ****		
Sex	<u> </u>		
Submitter ID#			
Facility of Birth			
4) MEDICAL RECORD NUMBER			
Medical Record #			
5) NBS BARCODE FORM NUMBER (LOCATED ON THE BOTTOM RIGHT CORNER OF THE SCREENING FORM)			
NBS Form #			
**** For difficulty locating results, please contact the NBS program at 206-418-5410 ****			
Search Reset			