CalREDIE Neurodegenerative Disease Reporter Account Authorization Form

Instructions: Neurodegenerative Disease Reporters, please complete section 1 of the Account Authorization form. Then <u>send all 3 pages to the Neurodegenerative Disease Registry Liaison</u> so that they may complete page 2 and submit pages 1 and 2 to the CalREDIE Help Desk.

A Neurodegenerative Reporter is any individual authorized by the Neurodegenerative Disease Registry Liaison to use the Provider Portal to electronically submit reports of Neurodegenerative Disease to the California Neurodegenerative Disease Registry.

Action: ☐Add New Account   ☐Change Existing Account   ☐Delete Existing Account

1. Provider Portal User Registration Information – TO BE COMPLETED BY USER

First Name: _____ Last Name: _____ Credentials: _____

Facility Name: _____

Facility Street Address: _____

City: _____ State: _____ Facility Zip Code: _____

User's Direct Work Phone Number: _____ Extension: _____

User's Work E-Mail Address (*Individual address preferred*): _____

☐Individual e-mail address (*CalREDIE can e-mail login information*)

☐Shared e-mail address (*CalREDIE can provide login information over the phone*)

I agree that I will protect my username and password from unauthorized use, and ensure my browser settings are up to date according to the CalREDIE browser requirements document and that I will contact the CalREDIE Help Desk, as soon as possible or within 24-hours of discovery, if I suspect that my username and password has been lost, stolen, or otherwise compromised. I certify that my username and password is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person. I agree that if I gain access to data in error that I am not responsible for or that does not belong to me, I will notify CalREDIE Help immediately so that they may assess the situation and correct the problem.

User Signature: _____ Date: _____/_____/_____

Provider Portal Users:
Please <u>send all three pages</u> to the California Neurodegenerative Disease Registry at
CDSRBhelp@cdph.ca.gov

CalREDIE
California Reportable Disease
Information Exchange

CDPH
California Department of
PublicHealth

2. Reporting Source(s) for this Provider Portal User – TO BE COMPLETED BY THE NEURODEGENERATIVE DISEASE REGISTRY LIAISON

Provider Portal Reporting Sources listed below **MUST**:
1. Have **" – Submitter"** at the end of the Reporting Source name
   o *(Example: Kaiser Permanente – Napa – Submitter)*
2. Be written **exactly** as they exist in the CalREDIE Report Source Dictionary (including " - Submitter").
   o *If the desired entry does not currently exist in the CalREDIE Report Source Dictionary, please complete the Report Source and Location Dictionary Request Form located on the CalREDIE Help website.*

Primary Reporting Source:
Additional Reporting Source:
Additional Reporting Source:
Additional Reporting Source:
Additional Reporting Source:

3. Liaison Approval – TO BE COMPLETED BY THE PARKINSON'S DISEASE REGISTRY LIAISON

I certify that I am a liaison for the California Neurodegenerative Disease Registry. My signature on this form authorizes a Provider Portal User account to be created within CalREDIE for the individual listed above. A Provider Portal User account will allow this individual to enter, edit, and delete data associated with Neurodegenerative Disease reporting. **I will immediately notify the CalREDIE Help Desk if a user leaves or a user account needs to be modified.** *I verify that the Reporting Source information has been entered correctly into CalREDIE.*

Parkinson's Disease Registry Liaison Name:
Parkinson's Disease Registry Liaison Signature:
Date: / /

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**Liaison Instructions for submitting
the CalREDIE Neurodegenerative Reporter Account Authorization Form**

Once you have received the CalREDIE Neurodegenerative Reporter Account Authorization Form with Section 1 complete, please complete Sections 2 and 3. Verify that the Report Source(s) have been entered in the Report Source Dictionary correctly, following the data standards listed below. If the entry does not exist in the Report Source Dictionary already, proceed to completing the Report Source and Location Dictionary Request Form on the CalREDIE Help Page. Submit completed forms to CalREDIEHelp@cdph.ca.gov.

Report Source Dictionary Standards for Provider Portal User Accounts (two scenarios): It is important to remember to always complete a thorough search for a provider or facility/laboratory before requesting a new entry in the dictionary. Remember, the less information used in the search, the more results CalREDIE will return.

1. **Provider Portal User accounts with 5 or fewer providers:** A Provider Portal user account can be linked up to 5 Report Source Dictionary entries (i.e. 5 different providers). Please note that while the provider may be the one requesting a Provider Portal User account, not all Provider Portal Users will be Providers (e.g. Office staff can request a PP User account to perform data entry tasks on behalf of the provider).
   - **Report Source Standard:** Last Name, First Name Middle Name, Credentials - Submitter
     - Example: Mari Jo Dedeker, a physician's assistant works for Andersen Medical Associates.
     - Provider field = Dedeker, Mari Jo, PA - Submitter
     - Link to Location Dictionary entry "Andersen Medical Associates"
   - ***Please Note****: If a provider is associated with multiple facilities, multiple entries for the provider must be created in the Report Source Dictionary to reflect these different associations. A Report Source Dictionary Entry should not be associated with more than one location. Each entry for the provider will be associated with a different Location (facility) in the Location Dictionary. A hyphen with the facility name should be used after the provider's name (Last Name, First Name, Credentials – Facility Name) to help identify the correct provider when searching the Report Source Dictionary. Please refer to the CalREDIE Reference Guide: Standards, Protocols & Guidelines on the CalREDIE Help Page for more information.*

2. **Provider Portal User accounts with over 5 providers:** Resort to this when requesting an account for a large facility.
   - **Report Source Standard:** Same facility name as the Location Dictionary – Submitter
     - Example: An ICP at Sutter Medical Center will be submitting incidents via the Provider Portal for numerous physicians.
     - Provider field = Sutter Medical Center – Submitter
     - Link to Location Dictionary entry with the same name "Sutter Medical Center"
   - ***Please note****: For facilities with a commonly used name, a hyphen followed by the city, town or neighborhood should be used. In instances where a facility has more than one location in a city, a descriptive identifier can be used. Example: "Kaiser Permanente – Napa – Submitter".*