

## CalREDIE State Staff Account Authorization Form

**Instructions: State Staff, please complete section 1 of the Account Authorization form AND the designated portion of the HIV Confidentiality Agreement. Then send all 4 pages to your Branch Liaison so they may complete the forms and submit them to the CalREDIE Help Desk.**

A California Department of Public Health (CDPH) State Staff user is any individual authorized by a Branch Liaison to view and enter data in the CalREDIE database. A Branch Liaison is the only individual that can authorize State Staff users.

**Action:**

Add New Account       Change Existing Account       Delete Existing Account

### **1. State Staff Registration Information – TO BE COMPLETED BY STATE STAFF**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Direct Work Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_  
Work E-Mail (*Individual address preferred*): \_\_\_\_\_

*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.*

State Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*State Staff, please send pages 1 and 2 AND a signed HIV Confidentiality agreement to your Branch Liaison so that they may complete the forms and submit them to the CalREDIE Help Desk. \*\*\***

## 2. Branch Liaison Approval – TO BE COMPLETED BY BRANCH LIAISON

### Level of permissions:

- State Staff
  - View all records, add/edit incidents, close incidents/outbreaks, merge incidents, access to all reports
- State Staff – Read Only
  - View all records, access to all reports, cannot edit incidents/outbreaks
- State Staff – RO – Limited
  - View all records, cannot edit incidents/outbreaks, cannot access reports
- State Staff – Data Entry
  - View all records, add/edit incidents, close incidents/outbreaks, merge incidents, cannot access reports

### Environment(s):

- Production
- Staging
- Testing (Justify access): \_\_\_\_\_
- Other (Justify access): \_\_\_\_\_

### Add as Investigator?:

- Yes

*I certify that I am a Branch Liaison for my branch. My signature on this form authorizes a State Staff account to be created within CalREDIE for the individual listed above. A State Staff account will allow this individual to view, enter, edit, and delete data (based on the level of permissions assigned above) associated with morbidity reports for the agency. **I will immediately notify the CalREDIE Help Desk if a user leaves or a user account needs to be modified.***

Branch Liaison Name: \_\_\_\_\_

Branch Department: \_\_\_\_\_

Branch Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Branch Liaisons, send completed forms to: [CalREDIEHelp@cdph.ca.gov](mailto:CalREDIEHelp@cdph.ca.gov)**

## **HIV/AIDS Confidentiality Agreement**

### *Summary of Statutes Pertaining to Confidential Public Health Records and Penalties for Disclosure*

All HIV/AIDS case reports and any information collected or maintained in the course of surveillance-related activities that may directly or indirectly identify an individual are considered *confidential public health record(s)* under California Health and Safety Code (HSC) Section 121035(c) and must be handled with the utmost confidentiality. Furthermore, HSC §121025(a) prohibits the disclosure of HIV/AIDS-related public health records that contain any personally identifying information to any third party, unless authorized by law for public health purposes, or by the written consent of the individual identified in the record or his/her guardian/conservator. Except as permitted by law, any person who negligently discloses information contained in a confidential public health record to a third party is subject to a civil penalty of up to \$2,500 plus court costs, as provided in HSC §121025(e)(1). Any person who willfully or maliciously discloses the content of a public health record, except as authorized by law, is subject to a civil penalty of \$5,000-\$10,000 plus court costs as provided by HSC §121025(e)(2). Any willful, malicious, or negligent disclosure of information contained in a public health record in violation of state law that results in economic, bodily, or psychological harm to the person named in the record is a misdemeanor, punishable by imprisonment for a period of up to one year and/or a fine of up to \$25,000 plus court costs (HSC §121025(e)(3)). Any person who is guilty of a confidentiality infringement of the foregoing type may be sued by the injured party and shall be personally liable for all actual damages incurred for economic, bodily, or psychological harm as a result of the breach (HSC §121025(e)(4)). Each disclosure in violation of California law is a separate, actionable offense (HSC §121025(e)(5)).

Because an assurance of case confidentiality is the foremost concern of the California Department of Public Health, Office of AIDS (OA), any actual or potential breach of confidentiality shall be immediately reported. In the event of any suspected breach, staff shall immediately notify the director or supervisor of the local health department's HIV/AIDS surveillance unit who in turn shall notify the Chief of the HIV/AIDS Case Registry Section or designee. OA, in conjunction with the local health department and the local health officer shall promptly investigate the suspected breach. Any evidence of an actual breach shall be reported to the law enforcement agency that has jurisdiction.

### *Employee Confidentiality Pledge*

I recognize that in carrying out my assigned duties, I may obtain access to private information about persons diagnosed with HIV or AIDS that was provided under an assurance of confidentiality. I understand that I am prohibited from disclosing or otherwise releasing any personally identifying information, either directly or indirectly, about any individual named in any HIV/AIDS confidential public health record. Should I be responsible for any breach of confidentiality, I understand that civil and/or criminal penalties may be brought against me. I acknowledge that my responsibility to ensure the privacy of protected health information contained in any electronic records, paper

documents, or verbal communications to which I may gain access shall not expire, even after my employment or affiliation with the Department has terminated.

By my signature, I acknowledge that I have read, understand, and agree to comply with the terms and conditions of this Confidentiality Agreement.

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Employee name (printed)

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Employee signature

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Date

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Supervisor name (printed)

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Supervisor signature

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Date

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Chief name (printed)  
HIV/AIDS Case Registry Section  
Office of AIDS  
California Department of Public Health

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Chief signature

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Date

**THIS AGREEMENT IS NOT VALID UNTIL SIGNED BY THE CHIEF OF THE HIV/AIDS  
CASE REGISTRY. PLEASE RETAIN A COPY OF YOUR RECORDS**