

Instructions for submitting the CalREDIE Reporter Account Authorization Form

Reporters: Please fill out Section 1 “Reporter Registration Information” printing clearly and with as much information as possible. **Please return the completed CalREDIE Reporter Account Authorization Form to the Local Health Liaison at your Local Health Department.** Please contact your Local Health Liaison to determine how to submit the completed registration form. A list of Local Health Liaisons can be downloaded here:

http://www.cdph.ca.gov/data/informatics/tech/Documents/CalREDIE_CountyContacts.pdf

Local Health Liaison: Once you have received the completed CalREDIE Reporter Account Authorization Form, please complete Sections 2 and 3. Please verify that the Report Source(s) have been entered in the Report Source Dictionary correctly, following the data standards listed below. Submit completed forms to the CalREDIE Help Desk.

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

- 1. Locations with 5 or fewer providers:** A Reporter account can be linked to up to 5 Report Source Dictionary entries (i.e. 5 different providers). Please note that while the provider may be the one Requesting a Reporter account, not all Reporters will be Providers (e.g. Office staff can request a Reporter account to do the data entry on behalf of the provider).
 - **Report Source Standard:** *Last Name, First Name, Credentials*
 - Example: Mari Jo Dedeker, a physician’s assistant works for Andersen Medical Associates.
 - Provider field = Dedeker, Mari Jo, PA
 - 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. 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.*
- 2. Locations with more than 5 providers:**
 - **Report Source Standard:** *Facility Name – 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 more descriptive identifier can be used. For example, “Kaiser Permanente – Napa – Submitter”.*

CalREDIE Reporter Account Authorization Form

Action: Add New Account Change Existing Account Delete Existing Account

A Reporter is any individual authorized by a Local Health Liaison to enter data into the CalREDIE database on behalf of a Reporting Source required to submit reportable disease information to the State of California. A Local Health Liaison is the only individual that can authorize Reporters on behalf of their health department. This form enables health departments to register a Reporter for CalREDIE reporting.

1. Reporter Registration Information (to be completed by Reporter)

Print Name and credentials: _____

Facility Name: _____

Facility Mailing Address: _____

Facility Phone Number: _____

Work E-Mail Address (no shared office e-mail addresses): _____

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 California Department of Public Health 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.

Data Submitter Signature: _____ Date: ____ / ____ / ____


Please contact your Local Health Department and return the form to the Local Health Liaison


Sections 2 & 3 to be completed by Local Health Liaison


2. Approval by Local Health Liaison

I certify that I am a liaison for my local health department. My signature on this form authorizes a Reporter account to be created within CalREDIE for the individual listed above. A Reporter account will allow this individual to enter, edit, and delete data associated with morbidity reports for the agency. **I will notify the California Department of Public Health immediately if a user leaves or a user account needs to be modified** . I verify that the Reporting Source and Location information has been entered correctly into CalREDIE.

Local Health Liaison Name: _____

Local Health Department: _____

Local Health Liaison Signature: _____ Date: ____ / ____ / ____

3. Reporting Source(s) for this Reporter

Write Reporting Source(s) exactly as they appear in the CalREDIE Report Source Dictionary

Primary Reporting Source: _____

Additional Reporting Source: _____

Additional Reporting Source: _____

Additional Reporting Source: _____

Liaisons Send Approved Form to:
 CalREDIE Registration
 1616 Capitol Ave, MS 7300 Sacramento, CA 95814
 Fax: 916-440-5679 or Email: CalREDIEHelp@cdph.ca.gov

Please contact CalREDIE Help with any questions. Phone: 866-866-1428 Email: CalREDIEHelp@cdph.ca.gov