

CalREDIE State Staff Account Authorization Form

Action: Add New Account Change Existing Account Delete Existing Account

Directions: Please insert the information, sign and return (mail, fax or scan and email) the completed form to the CalREDIE Help Desk. If additional users need to be registered, please replicate as needed.

A California Department of Public Health (CDPH) State Staff user is any individual authorized by a CalREDIE Management Team (CMT) Branch Representative to view and enter data in the CalREDIE database. A CMT Branch Representative is the only individual that can authorize State Staff users. This form enables CDPH to register a State Staff user for CalREDIE reporting.

1. State Staff Registration Information

Print Name: _____
Mailing Address: _____
Phone Number: _____
FAX Number: _____
E-Mail Address: _____
Branch: _____

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.

State Staff User Signature: _____ Date: ____ / ____ / ____

2. Approved by a CMT Branch Representative on file with the CalREDIE Help Desk

I certify that I am a CMT Branch Representative 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 below) associated with morbidity reports for the agency. **I will notify the California Department of Public Health if a user leaves or a user account needs to be modified immediately.**

Please specify the level of permissions the data submitter will need:

Level of permissions: State Staff State Staff – Read Only State Staff – RO – Limited State Staff – Data Entry

Environment(s): Production (Live Site) Staging Testing Development

Add as Investigator: Yes No

CMT Branch Representative Name: _____

Branch Name: _____

CMT Branch Representative Signature: _____ Date: ____ / ____ / ____

Send completed form to:
CalREDIE Registration
1616 Capitol Avenue, MS 7300
Sacramento, CA 95814

Fax: 916-440-5679 or Email: CalREDIEHelp@cdph.ca.gov

Please contact the CalREDIE Help Desk with any questions at (866) 866-1428 or CalREDIEHelp@cdph.ca.gov

Level of Permissions

Below is a brief description of the available levels of permissions for State employees. If you need more clarification on what each of these levels is able to access please email CalREDIEHelp@cdph.ca.gov.

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

Agreement by Employee/Contractor to Comply with Confidentiality Requirements

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 \$5,000 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-\$25,000 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 (CDPH/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 CDPH/OA Surveillance Section Chief or designee. CDPH/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 above.

Employee name (print)

Employee Signature

Date

Supervisor name (print)

Supervisor Signature

Date

Name of Employer

PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS.