

**Ohio Department of Health
Ohio Disease Reporting System (ODRS) User Agreement
Health Care Facility User**

Step 1: Provide the following demographic information.

User's Name:	First	Middle	Last
Jurisdiction(s):			
Telephone:		e-mail address:	

Step 2: Select at least one disease program for which ODRS access is needed.

Multiple disease programs may be selected. When access is granted, the user will only have access to those diseases which fall under the selected disease programs. See attached listing for more detail.

<input type="checkbox"/> Animal	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Other Notifiable	<input type="checkbox"/> STDs	<input type="checkbox"/> Vaccine Preventable	<input type="checkbox"/> All except STD/TB
<input type="checkbox"/> Bioterrorism	<input type="checkbox"/> MOTT	<input type="checkbox"/> Outbreaks	<input type="checkbox"/> TB	<input type="checkbox"/> Vectorborne/Zoonotic	<input type="checkbox"/> All except TB

Step 3: Identify the role for which ODRS access is needed.

HCP Data Entry
Hospital or facility user.

Step 4: Read and sign the attached Code of Responsibility for ODRS Users.

Step 5.: Maintain original for your records.

Ohio Department of Health Ohio Disease Reporting System (ODRS) User Agreement

To be completed by the person requesting access to the Ohio Disease Reporting System and signed by the person's supervisor.

Code of Responsibility for Ohio Disease Reporting System Users

Security and confidentiality are a matter of concern for all users of the Ohio Disease Reporting System (ODRS) and for all other persons who may have access to data from the system. Every individual who is authorized to access ODRS holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information. The information is collected for public health disease control and disease surveillance. Information in ODRS, including information that could be used to identify an individual and his or her health status, is considered confidential information. Confidentiality requirements that apply to these data include, but are not limited to ORC Section 3701.17. City or county regulations or ordinances or other laws may place additional restrictions on data use and release.

The inappropriate behavior of an authorized user may threaten the security and confidentiality of this information. ODRS users shall know, understand, and adhere to the following requirements.

1. Users must not make or permit unauthorized use of any information in ODRS.
2. Users may not exhibit or divulge the contents of any record, except as permitted under Ohio Revised Code and Ohio Administrative Code, for public health activities for disease control and disease surveillance.
3. Users must not intentionally input false, inaccurate, or misleading information into ODRS or knowingly allow the input of such information into ODRS.
4. Users must not remove or cause to be removed any copies of records from ODRS except in the performance of their public health duties.
5. Users must not divulge or share security codes or user authorizations.
6. Users must not violate rules and regulations concerning ODRS access or improperly use passwords and user authorizations.
7. Users must not access, request others to access, or allow others to access ODRS for non-public health purposes.
8. Users must not seek to benefit personally or permit others to benefit personally by any confidential information in ODRS.
9. Users must not aid, abet, or act in conspiracy with another to violate any part of this code.
10. Authorization for access to ODRS terminates when a user's employment is terminated or when access to the data is not required for work related responsibilities.
11. Users have an obligation to protect the confidentiality and security of the information in ODRS.
12. Users must report any violations of this ODRS confidentiality and security code to the ODH Information Security Officer immediately.

I have read and understand the ODRS Code of Responsibility for ODRS users. I will abide by this code. I am aware of the confidentiality of ODRS data and the need to protect its security.

Signature _____ Date _____

Print Name _____

Telephone Number _____ Email Address _____

I have reviewed the information on this form, and find it to be correct to the best of my knowledge. The person requesting ODRS access is either employed by, contracted by, or otherwise performing work at the request of the Ohio Department of Health and has need for access to ODRS to do their work.

Signature _____ Date _____

Print Name _____