

**Ohio Department of Health  
Ohio Disease Reporting System  
Health Care Provider Administrator Agreement**

1. TO BE COMPLETED BY THE PERSON REQUESTING ACCESS TO BE AN ADMINISTRATOR FOR THE OHIO DISEASE REPORTING SYSTEM:

**Code of Responsibility for ODRS Administrators**

In your role as a Health Care Provider Administrator, you are responsible for assuring the proper access and use of the Ohio Disease Reporting System (ODRS) for your health care facility. You will have the ability to set up ODRS user accounts for persons in your health care facility. In doing so, you will be able to restrict ODRS access by roles. It is important that ODRS access is set up solely on a need to know basis.

Security and confidentiality are a matter of concern for all users of 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 Administrators are responsible to ensure that authorized users 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. Both the individual user and the health care facility by which they are employed 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 Administrators. I will abide by this code, assuring that user accounts are set up solely on a need to know basis and that users are aware of the confidentiality of ODRS data and the need to protect its security.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

2. TO BE COMPLETED BY THE CEO FOR THE HEALTH CARE FACILITY:

I have reviewed the information on this form, and find it to be correct to the best of my knowledge. The person requesting ODRS Administrator access is either employed by, contracted by, or otherwise performing work at the request of this health care facility, and has need for access to this ODRS functionality. I understand that the user will be responsible for assuring proper access and use of ODRS for this health care facility. I will notify ODH immediately if this user leaves the employment of this health care facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Health Care Facility \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

3. TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT:

Local Health Department \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

4. PLEASE RETURN THIS REQUEST TO THE OHIO DEPARTMENT OF HEALTH AT THE ADDRESS BELOW.

Tammy Shivers  
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Ohio Department of Health  
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(614) 728-4711