
**PARTICIPATION AGREEMENT (PA) FOR USE OF THE CALIFORNIA
FETAL DEATH REGISTRATION SYSTEM (CA-FDRS)**

Acceptable Use Policy

All California Department of Public Health (CDPH) California-Fetal Death Registration System (CA-FDRS) users and participants are required to abide by this agreement as a condition of participation in the CA-FDRS. All new CA-FDRS users and participants must submit completed and signed CA-FDRS **Participation Agreements** and **User Profile Data Sheets and Applications** as follows:

Local Registration Districts (LRDs) and Coroners' offices implementing CA-FDRS must submit Participation Agreements and User Profile Data Sheets and Applications to the address listed directly below. As CA-FDRS is implemented statewide, mail address information may change. If so, specific mailing instructions will be provided to each county as appropriate.

- CA_FDRS Project
Attn: CA-FDRS Application Support Desk
1501 Capitol Ave. MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
FAX 916- 323-2299

Funeral Home (FH) and Medical Facility (MF) staff implementing CA-FDRS must submit Participation Agreements and User Profile Data Sheets and Applications to the LRD for approval. The LRD will then sign and forward the documents to the address listed directly below. As CA-FDRS is implemented statewide, mail address information may change. If so, specific mailing instructions will be provided to each county as appropriate.

- CA_FDRS Project
Attn: CA-FDRS Application Support Desk
1501 Capitol Ave. MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
FAX 916- 323-2299

For modifications to existing CA-FDRS accounts, such as when an employer needs to add a new user to an account, the completed and signed CA-FDRS Participation Agreements and User Profile Data Sheets and Applications must be submitted to the LRD for approval. The LRD will then forward the documents to:

- CA_FDRS Project
Attn: CA-FDRS Application Support Desk
1501 Capitol Ave. MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
FAX 916- 323-2299

Password Protection

CA-FDRS users and participants are responsible for the confidentiality and security of their passwords. The following password protection requirements shall be met to secure data from unauthorized access:

1. Keep password confidential and secure. The password shall NOT be written down or posted where it may be accessed, or included in a data file, log-on script, or macro.
2. Do not share password for any purpose.
3. Select an unusual combination of 8-12 characters (letters, numbers, and “special characters”) for a secure password. Avoid words with personal associations, such as names of family members or pets, favorite hobbies, sports, or vacation spots. Use of non-dictionary words, special characters (+, *, %, \$), and numbers are encouraged as they make passwords more secure.
4. Change password immediately if it has been revealed or compromised.
5. Change password every 180 days. If you do not use the system for more than 365 days, the password will become inactive. To reestablish the inactive password, contact the CA-FDRS Application Support Desk at: FDRShelp@cdph.ca.gov or 916-552-8123.
6. Report any suspected unauthorized use of a username or password immediately by e-mail or phone to the CA-FDRS Application Support Desk at: FDRShelp@cdph.ca.gov or 916-552-8123.
7. Do not leave unattended computers logged on to CA-FDRS. Protect computers with a password-protected screensaver.

Computer and Data Security

CA-FDRS users and participants are also responsible for maintaining the security of CA-FDRS computers and data. The following security requirements shall be met to further secure data from unauthorized use:

- Take reasonable measures to prevent theft. Keep desktops in secure areas. The use of surge protectors and lock-down devices is encouraged.
- Preserve decedent’s privacy, system data integrity, and confidentiality of the decedent and CA-FDRS. Data must not be stored on a personal computer without adequate security precautions such as use of security software to password protect the data.
- Install and maintain virus protection software on all workstations that will be used to access CA-FDRS in order to avoid compromise of CA-FDRS.
- Take appropriate precautions to ensure the protection of CA-FDRS data from unauthorized access or destruction.
- Notify the CA-FDRS Application Support Desk (916-552-8123) of any possible security violations including unauthorized access, misuse, theft, possible virus, etc.
- Maintain user account security. CA-FDRS user accounts shall not be shared by more than one user.

CA-FDRS Incident Report

In the event of suspected or known unauthorized use of CA-FDRS, the authorized user who suspects, experienced, or became aware of the unauthorized breach in security or confidentiality of information shall complete a CA-FDRS **Incident Report** (PA Attachment 1). The CA-FDRS Incident Report must be submitted to the CA-FDRS Application Support Desk (ASD) within 24 hours of the incident by mail or fax. You are required to call the ASD and verify that they received the information and discuss the situation with them. The ASD address, phone, and fax number are:

Mail: CA-FDRS Project	E-Mail: FDRShelp@cdph.ca.gov
Attn: CA-FDRS Application Support Desk	Phone: (916) 552-8123
1501 Capitol Ave. MS 5103	FAX: (916) 552-8193
P.O. Box 997410	
Sacramento, CA 95899-7410	

Listed below are security violations that must be reported to ASD:

- Apparent unauthorized access or attempted unauthorized access to data and systems;
- Apparent theft of information technology equipment;
- Apparent detection of a computer virus on a CA-FDRS computer;
- Apparent malicious damage of equipment, systems, or CA-FDRS data;
- Apparent inappropriate use of CA-FDRS computer resources.

Security and Confidentiality Requirements

Users and participants shall abide by all State of California and federal statutes, rules and regulations pertaining to CA-FDRS and the California Department of Public Health-Vital Records, including, but not limited to, the **Regulatory, Statutory, and State Registrar Requirements** contained in PA Attachment 2. CA-FDRS users and participants must ensure the integrity, security, and confidentiality of CA-FDRS data and permit appropriate disclosure and use of such data only as permitted by law.

Disclosure of Multiple CA-FDRS Employers and Multiple CA-FDRS User Access Levels/Accounts

To ensure CA-FDRS integrity, security and confidentiality, all CA-FDRS users and participants must disclose to the Application Support Desk and to the user's/participant's CA-FDRS employers, any situation in which the CA-FDRS user/participant is requesting more than one User Account or User Access Level. Disclosure must be made at the time the additional User Account or User Access Level is requested. CA-FDRS users and participants with more than one User Account or User Access Level must check "Yes" for "Multiple Account Disclosure" on Page 6 of this PA and must complete Page 7 of this PA.

Such situations include but are not limited to the following:

- CA-FDRS user/participant works for more than one FH
- CA-FDRS user/participant works for one or more FH and for either the LRD or the Coroner
- CA-FDRS user/participant works for one or more FH and for one or more MF

When acting as an employee of one FH or MF, a user/participant with multiple CA-FDRS User Access Levels/Accounts shall not utilize any other user access permission(s) to access the records of another employer(s). Users/participants with multiple CA-FDRS User Access Levels/Accounts are prohibited from performing more than one CA-FDRS function for any individual record. A record created by the user/participant at a FH/MF may not subsequently be reviewed or registered by the same user/participant at the local or state level.

In order to avoid the appearance of impropriety, user/participants with multiple CA-FDRS User Access Levels/Accounts will not review or register at either the local or state level, any records submitted by the user/participant's employer (FH, MF, etc.), including records submitted by any other location that is a part of the employer's organizational structure (as submitted on the User Profile Data Sheet and Application).

Training Requirements

All CA-FDRS participants must participate in "user-group" specific (local registration district, funeral home, coroner) training, prior to participation in CA-FDRS.

Users and participants shall abide by the CDPH Information Security Policy contained in the CDPH **Health Administrative Manual**, Section 6-1000 (PA Attachment 3).

Termination of Participation in CA-FDRS

Local registration district, medical examiner/coroner, funeral home and medical facility management are to promptly report the termination of any CA-FDRS participant so that the appropriate CA-FDRS account can be deactivated.

Each termination requires the submittal of an **Account Change Modification Request** form (PA Attachment 4).

**The CDPH reserves the right to terminate the CA-FDRS account of any participant at any time.*

Account Maintenance

This function allows designated users to request the following functions:

- Inactivate an account
- Change access levels for a participant/user
- Change user's location within same organization
- Delete a user when the user leaves an organization
- Update a user's information
- Disable a user's account when appropriate

Each change requires the submittal of an **Account Change Modification Request** form (PA Attachment 4).

The Account Change Modification Request form must be submitted by FAX to (916) 323-2299, Attn: CA-FDRS Application Support Desk.

All changes/modifications cited above, as well as any other changes/modifications related to CA-FDRS accounts, must be inserted and maintained in the **Account Change Log** (PA Attachment 5).

**California – Fetal Death Registration System
Participation Agreement**

**California – Fetal Death Registration System (CA-FDRS)
Participation Agreement**

I declare, under penalty of perjury under the laws of the State of California, that I have read, understand, and will comply with all requirements contained in the CA-FDRS Participation Agreement (PA).

Violations of this agreement may result in criminal or civil actions, administrative remedies, and/or termination of use of CA-FDRS.

Participant Name (please print)

Participant Signature

Date

Level of access to CA-FDRS requested (Refer to PA Instructions for Access Levels) _____

Multiple Account Disclosure: I already have one or more User Accounts/Access Levels and am requesting additional User Accounts/Access Levels. **Yes** _____ (If Yes, complete next page) **No** _____

Employer Name

License Number

Employer Address

Telephone Number

Funeral Home/Medical Facility Manager/Owner Signature

Date

(This signature is not required if this PA is being completed for the Optional Program, "Local Registrar Managed CA-FDRS Account.")

Local Registration District (LRD)*

Local Registrar Name

Local Registrar Signature

Date

For Official Use Only:

Training:	CA-FDRS use:
Production:	

**California – Fetal Death Registration System
Participation Agreement**

**California – Fetal Death Registration System (CA-FDRS)
Participation Agreement
Multiple Account Disclosure**

Please provide the following information:

Name and address of all CA-FDRS Employers, with Access Level(s) to be utilized

Employer Name and Address	Access Level

Please check the appropriate box:

For CA-FDRS Users with one or more Funeral Home or Medical Facility Employer:

I understand that the access granted to a CA-FDRS user/participant is only for one specific employer. When I am acting as an employee of one funeral home or medical facility, I will not utilize any other user access permission(s) to access the records of any other employer(s).

For CA-FDRS Users with one or more employers which include Funeral Home or Medical Facility Employers as well as Local Registration District or State Registrar employer:

I understand that I am prohibited from performing more than one CA-FDRS function for any individual record. Any record that I create at a FH/MF will not be reviewed or registered by me at the local or state level.

Participant name (please print)

Participant Signature

Date

**California – Fetal Death Registration System
Participation Agreement**

**California – Fetal Death Registration System (CA-FDRS)
User Profile Data Sheet and Application**

The CA-FDRS allows for a number of different roles/users within each of the various types of FDRS Organizations. Each defined role consists of a set of permissions. The more responsibility or functionality the role contains, the more permissions/functions the user will possess. The following roles and their attributes are described under each of the organization types currently defined within CA-FDRS.

User Group: (Check one.) For explanations of User Groups, refer to the attached PA Instructions.

Funeral Home		Medical Facility	
	Funeral Director		Medical Facility Staff Level 1
	Funeral Home Staff-Level 1		Medical Facility Staff Level 2
	Funeral Home Staff-Level 2		Medical Facility Staff Level 3
	Embalmer		Medical Facility Staff Level 4
ME/Coroner		Local Registrar	
	ME/Coroner/Deputy Coroner		Local Registrar
	ME/Coroner Staff-Level 1		Deputy Local Registrar
	ME/Coroner Staff-Level 2		Local Registrar Staff Level 1
	ME/Coroner Staff-Read Only		Local Registrar Staff Level 2
			Local Registrar Batch Entry
			Local Registrar Data Manager

Participant Name (First, Middle, Last, Degree [if applicable]):	
Title (if applicable): For example: Deputy Coroner	
License Number of Individual or Badge Number (if applicable):	License: _____ Badge: _____
E-mail Address:	
Business Telephone Number:	
Alternate Telephone Number:	
Business FAX Number:	
Pager Number:	
Contact Preference:	Circle one: Phone E-mail Pager Fax

**California – Fetal Death Registration System
Participation Agreement**

Name of Business or Organization (Include the name of the owner of the business or organization):	
Address of Business or Organization:	
License Number of Business or Organization (if applicable):	
If Funeral Home/Medical Facility Employee, does your organization include more than one location? (If yes, complete the section below.)	Circle one: Yes No

Funeral Home/Medical Facility Organization Structure (for completion by Funeral Homes/Medical Facilities only):

NOTE: Only Funeral Home or Medical Facility owners or operating managers of a network of Funeral Homes or Medical Facilities that require record sharing among the different locations will need to complete the section below. Submit only one copy of this form per network.

If you have questions, call the Help Desk at 916-552-8123. Use additional pages as needed. Complete as many pages as necessary in order to list all of the locations who want to share records.

Type of Organization: (Check One) Medical Facility Funeral Home

Owner/Manager for all of the locations listed below: Last Name: _____ First Name: _____ Ph: _____ Title: _____ Signature: _____
Funeral Establishment/Medical Facility Name: License Number: Address:
Funeral Establishment/Medical Facility Name: License Number: Address:
Funeral Establishment/Medical Facility Name: License Number: Address: