



California – Electronic Death Registration System Participation Agreement

PARTICIPATION AGREEMENT (PA) FOR USE OF THE CALIFORNIA ELECTRONIC DEATH REGISTRATION SYSTEM (CA-EDRS)

Acceptable Use Policy

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

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

- CA_EDRS Project
Attention: CA-EDRS Application Support Desk
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
FAX 916- 323-2299

Funeral Home (FH) and Medical Facility (MF) staff implementing CA-EDRS 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-EDRS is implemented statewide, mail address information may change. If so, specific mailing instructions will be provided to each county as appropriate.

- CA_EDRS Project
Attention: CA-EDRS Application Support Desk
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
FAX 916- 323-2299
- For modifications to existing CA-EDRS accounts, such as when an employer needs to add a new user to an account, the completed and signed CA-EDRS 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_EDRS Project
Attention: CA-EDRS Application Support Desk
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P.O. Box 997410
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Password Protection

CA-EDRS 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 60 days. If you do not use the system for more than 90 days, the password will become inactive. To reestablish the inactive password, contact the CA-EDRS Application Support Desk at: edrshelp@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-EDRS Application Support Desk at: edrshelp@cdph.ca.gov or 916-552-8123.
7. Do not leave unattended computers logged on to CA-EDRS. Protect computers with a password-protected screensaver.

Computer and Data Security

CA-EDRS users and participants are also responsible for maintaining the security of CA-EDRS 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-EDRS. 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-EDRS in order to avoid compromise of the CA-EDRS.
- Take appropriate precautions to ensure the protection of CA-EDRS data from unauthorized access or destruction.
- Notify the CA-EDRS Application Support Desk (916-552-8123) of any possible security violations including unauthorized access, misuse, theft, possible virus, etc.
- Maintain user account security. CA-EDRS user accounts shall not be shared by more than one user.



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CA-EDRS Incident Report

In the event of a suspected or known unauthorized use of CA-EDRS, the authorized user who suspects, experienced, or became aware of the unauthorized breach in security or confidentiality of information shall complete a CA-EDRS **Incident Report** (PA Attachment 1). The CA-EDRS Incident Report must be submitted to the CA-EDRS 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-EDRS Project
Attention: Application Support Desk

E-Mail: edrshelp@cdph.ca.gov
Phone: (916) 552-8123
FAX: (916) 552-8193

MS 5103
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-EDRS computer;
- Apparent malicious damage of equipment, systems, or CA-EDRS data;
- Apparent inappropriate use of CA-EDRS 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-EDRS and the California Office of Vital Records, including, but not limited to, the **Regulatory, Statutory, and State Registrar Requirements** contained in PA Attachment 2. CA-EDRS users and participants must ensure the integrity, security, and confidentiality of CA-EDRS data and permit appropriate disclosure and use of such data only as permitted by law.

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

To ensure CA-EDRS integrity, security and confidentiality, all CA-EDRS users and participants must disclose to the Application Support Desk and to the user's/participant's CA-EDRS employers, any situation in which the CA-EDRS 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-EDRS 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.



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Such situations include but are not limited to the following:

- CA-EDRS user/participant works for more than one FH
- CA-EDRS user/participant works for one or more FH and for either the LRD or the Coroner
- CA-EDRS 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-EDRS 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-EDRS User Access Levels/Accounts are prohibited from performing more than one CA-EDRS 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-EDRS 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-EDRS participants must participate in "user-group" specific (local registration district, funeral home, coroner) training, prior to participation in CA-EDRS.

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-EDRS

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

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

Account Management

Currently, the Account Management function is available only to Local Registrars. In the future, however, this module will be available to Funeral Directors/Medical Facilities as well.

This function allows designated users to perform the following functions:



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- Create an account
- Inactivate an account
- Change access levels for a participant/user
- Reset passwords for a participant/user
- 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, Attention: CA-EDRS Application Support Desk.

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



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California – Electronic Death Registration System (CA-EDRS) 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-EDRS Participation Agreement (PA).

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

Participant name (please print) _____

Participant Signature _____ Date _____

Level of access to CA-EDRS 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-EDRS Account.")

Local Registration District (LRD)* _____

Local Registrar name _____

Local Registrar signature _____ Date _____

***Check If Appropriate:**

This Local Registration District participates in the "Local Registrar Managed CA-EDRS Account " process. The provisions stated in the "Local Registrar Managed CA-EDRS Account Agreement" are hereby incorporated into this PA.

For Official Use Only:	
Training:	CA-EDRS use:
Production:	



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California – Electronic Death Registration System (CA-EDRS) Participation Agreement Multiple Account Disclosure

Please provide the following information:

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

Employer Name and Address	Access Level

Please check the appropriate box:

For CA-EDRS Users with one or more Funeral Home or Medical Facility Employers:

I understand that the access granted to a CA-EDRS 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-EDRS 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-EDRS 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



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California – Electronic Death Registration System (CA-EDRS) User Profile Data Sheet And Application

The CA-EDRS allows for a number of different roles/users within each of the various types of EDRS 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-EDRS.

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

Applicant Name (First, Middle, Last, Degree [if applicable]):	
Title (if applicable): For example: Deputy Coroner	
License Number of individual or badge number (if applicable):	Circle one: badge license
E-mail Address:	
Business telephone number:	
Alternate telephone number:	
Business FAX number:	
Pager number:	
Contact Preference:	Circle one: Phone E-mail Pager Fax
Name of Business or Organization (Include the name of the owner of the business or organization):	



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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: _____
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Funeral Establishment/Medical Facility Name: License Number: Address: City: County: Zip Code: Phone: _____ Fax: _____
Funeral Establishment/Medical Facility Name: License Number: Address: City: County: Zip Code: Phone: _____ Fax: _____
Funeral Establishment/Medical Facility Name: License Number: Address: City: County: Zip Code: Phone: _____ Fax: _____