MEDSIS User Guide for Healthcare Facilities

Overdose and Neonatal Abstinence Syndrome Reporting
Table of Contents
Introduction ........................................................................................................................................ 1
Overdose and Neonatal Abstinence Syndrome Reporting ................................................................. 1
Abbreviations, Definitions, Roles, and Icons ....................................................................................... 2
   MEDSIS Abbreviations and Definitions ............................................................................................... 2
   Roles and Associated Functionalities ................................................................................................. 2
   Icons Used within MEDSIS .................................................................................................................. 3
New User Requests (Expedited) ......................................................................................................... 4
Getting into MEDSIS .......................................................................................................................... 5
Communicable Disease Reports (CDR) .............................................................................................. 6
   Viewing Communicable Disease Reports (CDR) ................................................................................ 6
   Printing a CDR .................................................................................................................................... 7
Navigating the Public Health New Case Entry Screen ...................................................................... 9
Public Health Case (PHC) Entry ......................................................................................................... 10
   Patient Details ................................................................................................................................... 14
      Summary .......................................................................................................................................... 14
      Contact Information ......................................................................................................................... 15
      Next of Kin .................................................................................................................................... 17
      Demographics ............................................................................................................................... 20
      Insurance ....................................................................................................................................... 22
   Case Details ....................................................................................................................................... 24
      Morbidity ........................................................................................................................................ 24
      Comments ...................................................................................................................................... 25
      Labs & Observations ......................................................................................................................... 25
   Attachments ..................................................................................................................................... 34
   Provider ............................................................................................................................................ 40
   Reporter .......................................................................................................................................... 45
   Reporting a Public Health Case ......................................................................................................... 45
Reports .................................................................................................................................................. 47
   Generating Reports ............................................................................................................................ 47
Exporting Reports

Appendix A

Appendix B

Appendix C
Introduction
The Medical Electronic Disease Surveillance Intelligence System (MEDSIS) is a secure web-based, centralized, person-based disease surveillance system for Arizona. MEDSIS is a statewide system hosted and supported by the Arizona Department of Health Services for use by local and tribal health departments for disease surveillance, and for individuals and institutions responsible for reporting communicable diseases. A list of current reportable diseases may be found in Appendix A & Appendix B and at http://azdhs.gov/phs/oids/pdf/rptlist.pdf. This HIPAA-compliant system was developed in partnership with local health agencies to enhance disease surveillance and detection of potential outbreaks. MEDSIS is integrated into the Health Services Portal (HSP) and thus, can take advantage of secure e-mail communications, secure data messaging and translation services, role-based public health directory, and backup systems’ capacities.

MEDSIS can be used to report all communicable diseases as listed in the reportable disease list EXCEPT Sexually Transmitted Diseases (STD) and HIV. These communicable diseases must be reported to public health in accordance to STD and HIV Programs Policies & Procedures.

Functionalities include:

- Entry of cases directly into system by county and tribal health departments, infection control practitioners, and Arizona Department of Health Services (ADHS)
- Immediate jurisdiction-specific viewing of reported or submitted cases
- Search for cases or patients
- Generation of reports

Overdose and Neonatal Abstinence Syndrome Reporting
On June 5th, 2017, Governor Ducey declared a public health emergency in response to the alarming increase in opioid overdoses and deaths in Arizona. This declaration necessitates a rapid response and intervention with targeted solutions, including an enhanced surveillance advisory to allow the Arizona Department of Health Services to rapidly collect essential data in real-time in order to facilitate the implementation of more efficient prevention efforts.

MEDSIS will be used by healthcare providers and facilities for the reporting of suspected opioid overdoses (with or without fatality) and neonatal abstinence syndrome. This user guide provides step-by-step instructions for gaining access and reporting cases into the electronic surveillance system. As of June 13th, 2017, the following morbidities have been added to the system to facilitate reporting:

1. Overdose Related Events with Fatality
2. Overdose Related Events without Fatality
3. Neonatal Abstinence Syndrome
Abbreviations, Definitions, Roles, and Icons

MEDSIS Abbreviations and Definitions

**Abbreviations:**

CMR: Confidential Morbidity Report – Electronic version of CDR

CDR: Communicable Disease Report

Morbidity: Reportable disease or condition

**Definitions: System Dates**

- **Onset Date:** Date of symptom onset
- **Diagnosis Date:** Date reportable condition was diagnosed by a health care worker
- **Date Collected:** Date specimen was collected for laboratory testing
- **Test Result Date:** Date of final laboratory test results for a given specimen
- **Event Date:** Earliest date of Onset Date, Date Collected, Result Date, or Diagnosis Date
- **Date Reported to County:** Date Local Public Health was notified of case
- **Date Reported to ADHS:** Date ADHS was notified of case
- **Date Entered into MEDSIS:** Date PHC was entered into MEDSIS

**Definitions: System Actions**

*Report to Public Health:* Action of sending the CMR to local public health

**Definitions: System Person**

*Provider:* Health care worker who diagnoses and/or provides medical care for the case-patient with the reportable disease or condition

*Reporter:* Person who reports the PHC to Public Health. The Reporter is typically associated with a healthcare facility or laboratory.

**Roles and Associated Functionalities**

*Non-Public Health Care reporter Data Entry (DE) Role:*

1. Enter Public Health Cases (PHC) and Submit to county or tribal public health organizations. Capable only of searching the cases entered by that reporting facility
2. View Communicable Disease Reports (CDR) of Public Health Cases reported by facility
3. Reports: Run reports on PHCs reported by facility
Icons Used within MEDSIS

Edit: This icon is used throughout the application to indicate where a user can open a record for editing.

Delete: This icon is used throughout the application to indicate where a user can delete a record or an association.

Select: This icon is used throughout the application to indicate where a user can select a record.
New User Requests (Expedited)

Current MEDSIS Policies and Procedures states that each requested MEDSIS user must be approved by their respective local MEDSIS liaison. Due to the urgency for the implementation of overdose reporting, new user approvals will be expedited by ADHS. All communications regarding account creation and communication will include the local MEDSIS liaisons in order to keep distribution lists updated. Further communication regarding MEDSIS will be disseminated through the MEDSIS liaisons.

New users are encouraged to reach out to local MEDSIS liaisons for assistance regarding technical use of the system.

1. Sign & date the Health Services Portal (HSP) user agreement
   a. Electronic signatures will NOT be processed. Signatures must be handwritten
2. Return the signed user agreement to the HSP Help Desk by e-mail (medsishelpdesk@siren.az.gov; Subject Line: MEDSIS Overdose Reporting Request) or by fax to 602-364-3199 (Attn: MEDSIS Overdose Reporting Request)
3. User credentials (username and password) will be sent directly to the requesting user as well as local MEDSIS liaisons
   a. Further communications regarding MEDSIS will be disseminated by local MEDSIS liaison(s)
Getting into MEDSIS

1. Navigate to the Health Services Portal (HSP) website: https://connect.azdhs.gov
2. Log in to HSP. If further assistance is needed, please contact MEDSIS Help Desk at medsishelpdesk@siren.az.gov
3. To enter the MEDSIS application, click on the MEDSIS (Production) icon
4. Users will be prompted to log in again using the same HSP username and password before accessing the application
5. There are 3 high level options available on the MEDSIS Home Page:
   a. Home Page – quick access to the home page
   b. Cases – to view cases entered by the healthcare facility or enter new cases
   c. Reports & Extracts – to generate reports or export data as an extract for analysis
Communicable Disease Reports (CDR)
PHCs that have been reported to local public health organizations by a healthcare facility may only be viewed as Communicable Disease Reports.

Viewing Communicable Disease Reports (CDR)
To view a CDR, click on the PHC from the Case list by clicking on the Patient Name or the MEDSIS ID.

A pop up window will appear with basic patient and case information.
To close the CDR window, click on “Close” located in the upper left corner of the CDR.

**Printing a CDR**

To print a CDR, click on “Print” located in the upper left corner of the CDR.

A Print Dialog Box will appear.
Click on “Print” to print the CDR screen or “Cancel” to return to the CDR view without printing.

Click on “Close” located in the upper left corner of the window to close the window.
Navigating the Public Health New Case Entry Screen

The PHC consists of 4 main sections:

1. Patient Details
2. Case Details
3. Provider
4. Reporter

The right side tree menu allows users to easily navigate throughout PHC by clicking on the name of the section. Several sections within the right side tree menu are defaulted to collapsed, to expand these sections, double click on the “+” icon located to the left of the section name or single click on the section name. Collapsible sections within the right side tree menu include:

- Patient Details
- Case Details
Public Health Case (PHC) Entry

**Reporting of suspected overdose related events with or without fatality and Neonatal Abstinence Syndrome shall be provided to public health within 5 business days of initial identification.**

Reports shall be submitted by healthcare reporters electronically through the Medical Electronic Disease Surveillance Intelligence System (MEDSIS)**

1. Optional: Ensure PHC was not previously entered by or reported to local public health, by reviewing the case list on the Cases screen

   ![Case List Screenshot]

   Use the Search Filter Criteria and Sort Filter Criteria options to limit the number of cases being displayed on the screen.

1. Click on the “Enter New Case” located above the Search Menu Tree.

   ![Enter New Case Screenshot]
2. In the Patient Search Screen, enter search criteria in at least one of the available fields (Patient First Name, Patient Last Name, Date of Birth)

Click on “Search” to display existing patient records and associated cases or “Cancel” to return to the Cases screen

*Healthcare users are limited to searching for person and case records that have been previously reported by their facility*

3. Review the search results to determine if the person to be entered matches any existing patient records

If the patient to be entered DOES NOT appear in the list, “New Patient” and skip to step 5
If the patient to be entered DOES appear in the list, proceed to step 4
To go back to the patient search screen, click on “Cancel”

4. If the patient appears in the search results, click on “Select” to open the New Case Entry Form
5. Enter applicable data on the New Case Entry Form by scrolling or tabbing through the relevant fields.
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value 1</td>
<td>Value 2</td>
<td>Value 3</td>
<td>Value 4</td>
</tr>
<tr>
<td>Value 5</td>
<td>Value 6</td>
<td>Value 7</td>
<td>Value 8</td>
</tr>
<tr>
<td>Value 9</td>
<td>Value 10</td>
<td>Value 11</td>
<td>Value 12</td>
</tr>
<tr>
<td>Value 13</td>
<td>Value 14</td>
<td>Value 15</td>
<td>Value 16</td>
</tr>
<tr>
<td>Value 17</td>
<td>Value 18</td>
<td>Value 19</td>
<td>Value 20</td>
</tr>
<tr>
<td>Value 21</td>
<td>Value 22</td>
<td>Value 23</td>
<td>Value 24</td>
</tr>
<tr>
<td>Value 25</td>
<td>Value 26</td>
<td>Value 27</td>
<td>Value 28</td>
</tr>
<tr>
<td>Value 29</td>
<td>Value 30</td>
<td>Value 31</td>
<td>Value 32</td>
</tr>
<tr>
<td>Value 33</td>
<td>Value 34</td>
<td>Value 35</td>
<td>Value 36</td>
</tr>
<tr>
<td>Value 37</td>
<td>Value 38</td>
<td>Value 39</td>
<td>Value 40</td>
</tr>
<tr>
<td>Value 41</td>
<td>Value 42</td>
<td>Value 43</td>
<td>Value 44</td>
</tr>
<tr>
<td>Value 45</td>
<td>Value 46</td>
<td>Value 47</td>
<td>Value 48</td>
</tr>
<tr>
<td>Value 49</td>
<td>Value 50</td>
<td>Value 51</td>
<td>Value 52</td>
</tr>
<tr>
<td>Value 53</td>
<td>Value 54</td>
<td>Value 55</td>
<td>Value 56</td>
</tr>
<tr>
<td>Value 57</td>
<td>Value 58</td>
<td>Value 59</td>
<td>Value 60</td>
</tr>
</tbody>
</table>
Applicable data include details about the PHC, including morbidity, labs & observations, provider information, and reporter information.

Required fields include Patient First Name, Patient Last Name, Patient Gender (can be Unknown), Patient Date of Birth (can be Unknown,) Morbidity, at least 1 observation record, an associated Reporter, and at least one of the following 4 dates:

- Onset Date **Date of overdose should be entered into this field**
- Diagnosis Date
- Date Collected (for at least 1 observation)
- Result Date (for at least 1 observation)

Dates can be entered using the Calendar which pops up when clicking into the date field or manually using the MM/DD/YYYY format. Event date is an auto-calculated field and is the earliest date associated with the case.

**Patient Details**

The Patient Details section consists of the five subsections:

1. Summary
2. Contact Information
3. Next of Kin
4. Demographics
5. Insurance

**Summary**

The Summary section allows for basic patient information to be entered into the New Case Entry Form.

<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Available Drop Down Options (if applicable)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Patient Prefix</td>
<td>Doctor&lt;br&gt;Mr.&lt;br&gt;Mrs.&lt;br&gt;Ms.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Patient First Name</td>
<td><em>REQUIRED FIELD</em></td>
<td>The patient first name displayed in this section is the patient’s primary name associated with the patient record.</td>
</tr>
<tr>
<td>3</td>
<td>Patient Middle Name</td>
<td>The patient middle name displayed in this section is the patient primary name associated with the patient record.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Patient Last Name</strong></td>
<td><strong>REQUIRED FIELD</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The patient last name displayed in this section is the patient primary name associated with the patient record</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Patient Suffix</strong></th>
<th><strong>Junior, Medical Doctor, MPH, PHD, Second, Senior, Third</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Patient Gender</strong></th>
<th><strong>Male, Female, Unknown</strong></th>
<th><strong>REQUIRED FIELD</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient Gender is a required field but may be “Unknown”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Patient Date of Birth (DOB)</strong></th>
<th><strong>MM/DD/YYYY Format</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Pregnant</strong></th>
<th><strong>Yes, No, Unknown</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This field will only display if Patient Gender is “Female”</td>
<td></td>
</tr>
</tbody>
</table>

**Contact Information**

The Contact Information section allows for basic patient contact information to be entered into the New Case Entry Form. Only one home address and one work address may be entered in the New Case Entry Form. If additional contact information is available, users should enter the information into the Comments Section of the New Case Entry Screen.

County is **required** for new cases entered by Health Care Facilities

County is based on the following:

- County or Tribal Reservation of case-patient’s self-defined primary residence, if available, ELSE
- County or Tribal Reservation of case-patient’s mailing address, if available, ELSE
- County or Tribal Reservation of case-patient’s physician’s office, if available, ELSE
- County or Tribal Reservation of clinic/hospital where case-patient was admitted, if available, ELSE,
- County of Tribal Reservation of laboratory that performed diagnostic testing on specimens from case-patient
<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Available Drop Down Options (if applicable)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Street</td>
<td>Patient street address</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit</td>
<td>Patient address unit</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Business Name</td>
<td>Work Address Business Name</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>City</td>
<td>Patient City</td>
<td></td>
</tr>
</tbody>
</table>
| 4     | State             | State Drop Down                             | Patient State  
This drop down list is populated depending on the Country field                                                                 |
| 5     | Zip               | Patient Zip Code                            |                                                                                                                                        |
| 6     | County            | County Drop Down                            | Patient County  
This drop down list is populated depending on the State field  
*REQUIRED FIELD*  
County is required for PHCs entered by Health Care Facilities reporting to Tribal Public Health Organizations |
| 7     | Country           | International United States Mexico          |                                                                                                                                        |
| 8     | Reservation       | Ak-Chin  
Cocopah  
Colorado River  
Fort McDowell  
Fort Mohave  
Fort Yuma-Quechan  
Gila River  
Havasupai  
Hopi  
Hualapai  
Kaibab-Paiute | This field does NOT apply to tribal affiliation. This field is meant to be describe the physical location of the patient during the time of illness  
Tribal affiliation may be entered as part of the patient demographics in the following section. |
If users are entering a new case for an existing patient record and the existing contact information is no longer accurate, users may click on the “Create a new primary” radio button to open a new data entry form for the specific section or select from other existing addresses.

Historical contact information will continue to be available, however new contact information added during the new case entry process will automatically be assigned as the primary for that specific case.

**Next of Kin**

The Next of Kin section allows users to enter contact information for the patient’s next of kin.

To enter a record into the Next of Kin section, click on “Add” to display the data entry form.

1. Enter information into the Next of Kin data entry form
## Next of Kin

<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Available Drop Down Options (if applicable)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prefix</td>
<td>Doctor, Mr., Mrs., Ms.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>First</td>
<td><em>REQUIRED FIELD</em> Next of kin First Name</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Middle</td>
<td>Next of kin Middle Name</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Last</td>
<td><em>REQUIRED FIELD</em> Next of kin Last Name</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Suffix</td>
<td>Junior, Medical Doctor, MPH, PHD, Second, Senior, Third</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Relationship</td>
<td>Associate, Brother, Care giver, Child, Emergency contact, Employee, Employer, Extended family, Father, Foster child, Friend, Grandchild, Grandparent, Guardian, Handicapped dependent, Life partner</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Field Description</td>
<td>Type</td>
<td>Description</td>
</tr>
<tr>
<td>----</td>
<td>-----------------------------------</td>
<td>------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>Primary next of kin?</td>
<td>Checkbox</td>
<td>Checked if primary next of kin</td>
</tr>
<tr>
<td>8</td>
<td>Same as patient primary address</td>
<td>Checkbox</td>
<td>Check if next of kin has the same address as patient</td>
</tr>
<tr>
<td>9</td>
<td>Organization Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>City</td>
<td></td>
<td>Next of kin city</td>
</tr>
<tr>
<td>13</td>
<td>State</td>
<td></td>
<td>Next of kin state</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This drop down list is populated depending on the Country field</td>
</tr>
<tr>
<td>14</td>
<td>ZIP code</td>
<td></td>
<td>Next of kin zip code</td>
</tr>
<tr>
<td>15</td>
<td>Country</td>
<td></td>
<td>Patient Country</td>
</tr>
<tr>
<td>16</td>
<td>County</td>
<td></td>
<td>Next of kin County</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This drop down list is populated depending on the State field</td>
</tr>
<tr>
<td>17</td>
<td>Home Phone</td>
<td></td>
<td>(###) ###-#### Suggested Format</td>
</tr>
<tr>
<td>18</td>
<td>Work Phone</td>
<td></td>
<td>(###) ###-#### Suggested Format</td>
</tr>
<tr>
<td>19</td>
<td>Call Phone</td>
<td></td>
<td>(###) ###-#### Suggested Format</td>
</tr>
<tr>
<td>20</td>
<td>Other Phone</td>
<td></td>
<td>(###) ###-#### Suggested Format</td>
</tr>
<tr>
<td>21</td>
<td>E-mail address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Comments</td>
<td></td>
<td>This field can be used to describe any additional information associated to the next of kin</td>
</tr>
</tbody>
</table>

2. When all information has been entered into the form for a single next of kin record, click on “Save” located in the upper right hand corner of the section, or “Cancel” to close the data entry form without saving the record.
3. When a next of kin record has been saved, it will display in the Next of Kin table.

4. Users may enter additional next of kin records following the same procedure above or continue to the Demographics Section.

Users may edit or delete existing next of kin records in the table by clicking on the edit icons located in the first column of the record row. To edit the existing next of kin row, click on the icon to expand the data entry form and edit the field.

Click on “Save” to save all changes to the next of kin record or “Cancel” to close the data entry form without saving changes to the next of kin record.

To delete an existing next of kin record, click on the icon. A dialog box will appear to confirm that the record should be deleted. Click on “OK” to delete the next of kin record of “Cancel” to return to the section without deleting the record.

Demographics

The Demographics section allows for basic patient demographic information to be entered into the New Case Entry Form.
<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Available Drop Down Options (if applicable)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Occupation</td>
<td>Food Handler, Healthcare Worker, and School/Daycare Worker have been listed at the top of this drop down</td>
<td>Bureau of Labor Statistics List If an occupation is not listed, users should enter occupational information in the Comments Section.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>menu</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>School Name</td>
<td>Intellisense field Options will display once the user starts typing into the field.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>“If Other, Specify School”</td>
<td></td>
<td>If the School Name is not an available choice within the drop down list, users may choose “Other” and specify the School Name in the “Other” field</td>
</tr>
<tr>
<td>3</td>
<td>Living Situation</td>
<td>Correctional Facility Crisis Center Homeless Hospital Long Term Care Military Base Multi-Family Dwelling Residential Rehab/Halfway House Residential School Single Family Housing Unknown</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Race</td>
<td>American Indian or Native Alaskan Asian Black Hawaiian or Pacific Islander Other White</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Ethnic Group</td>
<td>Hispanic or Latino Not Hispanic or Latino Unknown</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Tribal Affiliation</td>
<td>Ak-Chin Cocopah Colorado River Please select tribal affiliation regardless of patient’s current residence</td>
<td></td>
</tr>
</tbody>
</table>
### Language List

- Fort McDowell
- Fort Mohave
- Fort Yuma-Quechan
- Gila River
- Havasupai
- Hopi
- Hualapai
- Kaibab-Paiute
- Navajo Nation
- Out of State
- Pasqua Yaqui
- Salt River Pima – Maricopa
- San Carlos Apache
- San Xavier
- Tohono O’Odham
- Tonto Apache
- Unknown
- White Mountain
- Yavapai Apache
- Yavapai-Prescott
- Zuni

### Can Interview in English?
- Yes
- No

### Died
- Yes
- No

This field indicates whether or not the patient is deceased, regardless of disease outcome. If disease outcome is “Died,” this field will automatically update to “Yes.”

### Date of Death

If Died is “Yes,” the Date of Death field will become visible

**MM/DD/YYYY Format**

### Death Certificate Number

If Died is “Yes,” the Death Certificate Number field will become visible

### Insurance

The Insurance section allows for basic insurance information to be entered into the New Case Entry Form.

To enter a record into the Insurance section, click on “Add” to display the data entry form.

1. Enter information into the Next of Kin data entry form
2. When all information has been entered into the form for an insurance record, click on “Save” located in the upper right hand corner of the section, or “Cancel” to close the data entry form without saving the record.

3. When an insurance record has been saved, it will display in the Insurance table.
4. Users may enter additional Insurance records following the same procedure above or continue to the Case Details Section.

Users may edit or delete existing insurance records in the table by clicking on the edit icons located in the first column of the record row. To edit the existing insurance row, click on the icon to expand the data entry form and edit the field.

Click on “Save” to save all changes to the next of kin record or “Cancel” to close the data entry form without saving changes to the insurance record.

To delete an existing insurance record, click on the icon. A dialog box will appear to confirm that the record should be deleted. Click on “OK” to delete the next of kin record of “Cancel” to return to the section without deleting the record.

Case Details
The Case Details section consists of 2 subsections:

1. Morbidity
2. Labs & Observations

Morbidity
This section displays the Morbidity and PHC associated dates

<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Available Drop Down Options (if applicable)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Morbidity</td>
<td>For Enhanced Surveillance:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Overdose Related Events with Fatality</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Overdose Related Events without Fatality</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neonatal Abstinence Syndrome</td>
<td></td>
</tr>
</tbody>
</table>
2. Onset Date
   - Date of overdose
   - MM/DD/YYYY Format

3. Diagnosis Date
   - Date reportable condition was diagnosed by a health care worker
   - MM/DD/YYYY Format

4. Event Date
   - *NOT EDITABLE*
   - This date is calculated as the earliest date of Onset Date, Date Collected, Result Date, Diagnosis Date, Date Reported to County, Date Submitted to State, Date Reported to ADHS, or Date entered into MEDSIS and cannot be edited within the PHC.

5. Age at Onset
   - If Patient Date of Birth is unknown, users may enter the patient’s age at disease onset.

5a. Age at Onset – Age Unit
   - Unknown
   - Days
   - Weeks
   - Months
   - Years

6. Medical Record Number

Comments
The Comments section allows users to enter any other information related to the PHC that does not have a field. Examples include additional occupational information, demographic or contact information, or medical record information.

Labs & Observations
The Labs & Observations section allows users to enter multiple labs & observations associated with the New Case Entry Form. One row in the Labs & Observations table represents a single observation.

**A morbidity must be selected prior to adding a lab observation to a case**

Cases will not be saved unless at least one observation has been entered into the table. Entry of certain cases may not have laboratory results. Users should enter “PENDING” or symptom information into the Test Result field.

To enter a lab result into the Labs and Observations Section, click on “Add” to display the data entry form.

1. Enter information into the Labs & Observations data entry form
<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Available Drop Down Options (if applicable)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Specimen Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Specimen Type</td>
<td>Bronch/BAL-CSF-Other Serum-Stool-Urine-Whole Blood</td>
<td>If the specimen type is not listed, choose ‘Other’ and a specify field will appear in the form</td>
</tr>
<tr>
<td>2a</td>
<td>Specimen Type – If Other, Specify</td>
<td></td>
<td>Enter the specimen type if it is not an available in the drop down options</td>
</tr>
<tr>
<td>3</td>
<td>Test Performed</td>
<td>Overdose Related Event without Fatality-Overdose Related Event with Fatality-Neonatal Abstinence Syndrome</td>
<td><em>REQUIRED FIELD</em> Name of selected morbidity</td>
</tr>
<tr>
<td>4</td>
<td>Test Result</td>
<td>Overdose Related Event without Fatality-Overdose Related Event with Fatality-Neonatal Abstinence Syndrome</td>
<td><em>REQUIRED FIELD</em> Name of selected morbidity</td>
</tr>
<tr>
<td>5</td>
<td>Date Collected</td>
<td></td>
<td>Date the specimen was collected for this test</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MM/DD/YYYY Format</td>
</tr>
<tr>
<td>6</td>
<td>Test Result Date</td>
<td></td>
<td>The date the test result was finalized</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MM/DD/YYYY Format</td>
</tr>
<tr>
<td>7</td>
<td>Notes</td>
<td></td>
<td>Any relevant information in regards to this lab.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1000 Character limit</td>
</tr>
</tbody>
</table>
Additional information is also requested specifically for suspected overdose and neonatal abstinence syndrome reporting. This information is not required to report the case to public health.

For Overdose Related Event with or without fatality:

<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Available Drop Down Options (If applicable)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Clinical Presentation</td>
<td>Opioid Not Opioid</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Reporter Type</td>
<td>Hospital Urgent Care Medical Examiner</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Behavioral Health Substance Abuse Rehabilitation Centers Pharmacy Corrections Long Term Care/Assisted Living Hospice Other</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>If other, specify:</td>
<td>If reporter type not an available in the drop down option, enter the reporter type into the other specify field</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What drug(s) appear to be responsible for overdose?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Heroin Fentanyl Oxycodone Hydrocodone Tramadol Methadone Other Opiate Medication Methamphetamine Marijuana Cocaine Benzodiazepine Unknown</td>
<td>Select all that apply</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>Other, Specify:</td>
<td>Specify drug name if checkbox is not available</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Was alcohol consumed by patient?</td>
<td>Yes No Unknown</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>If yes, blood alcohol level?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Where did patient overdose?</td>
<td>Home Work School Business Public Place Health Care Facility Other Jail/Prison/Detention Shelter Military Installation Tribal Lands Unknown</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Specify:</td>
<td>Describe the location where the patient overdosed</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Was patient recently (within the past 90 days) prescribed opioids or other controlled substances?</td>
<td>Yes No Unknown</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Was patient alone at time of overdose?</td>
<td>Yes No Unknown</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Was Naloxone/Narcan administered prior to arrival at your facility?</td>
<td>Yes No Unknown</td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>If yes:</td>
<td>Sub-Header</td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>---------</td>
<td>-------------</td>
<td></td>
</tr>
</tbody>
</table>
| 9  | By whom? | Emergency Medical Services
|    |          | Law Enforcement
|    |          | Other Health Care Professional
|    |          | Bystander / Layperson
|    |          | Other |
| 9a | If other, specify: | If other is select, specify |
| 10 | How many doses? | 1 dose
|    |          | 2 doses
|    |          | 3 doses
|    |          | 4 doses
|    |          | 5 or more doses |
| 11 | Was Naloxone/Narcan administered by you / your entity? | Yes
|    |          | No
|    |          | Unknown |
| 11a| If yes: | Sub-Header |
| 12 | How many doses? | 1 dose
|    |          | 2 doses
|    |          | 3 doses
|    |          | 4 doses
|    |          | 5 or more doses |
| 13 | Does overdose appear to be unintentional or suicide/suicide attempt? | Unintentional
|    |          | Suicide/Suicide Attempt
|    |          | Unknown |
| 14 | Did the patient have pre-existing health conditions (e.g. chronic pain, depression) that may have increased the risk of overdose? | Yes
|    |          | No
|    |          | Unknown |
| 14a| If yes, specify: | |
| 15 | Is this the first known overdose for this patient? | Yes
|    |          | No
|    |          | Unknown |
| 15a| If no, how many others have occurred? | |
| 16 | Was the patient referred to behavioral health services? | Yes
|    |          | No
|    |          | Unknown |
| 17 | Notes | Any relevant information in regards to this event
|    |       | 1000 Character limit |
For Neonatal Abstinence Syndrome:

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of hospitalization</td>
<td>1</td>
</tr>
<tr>
<td>Identify all confirmatory test(s) ordered for the patient (select all that apply)</td>
<td>2</td>
</tr>
<tr>
<td>Does the patient have clinical signs consistent with NAS?</td>
<td>3</td>
</tr>
<tr>
<td>Are any other supportive elements for diagnosis present? (check all that apply)</td>
<td>4</td>
</tr>
<tr>
<td>What is the source of the substance causing NAS, if known? (check all that apply)</td>
<td>5</td>
</tr>
<tr>
<td>Prescription drug used without prescription</td>
<td>6</td>
</tr>
<tr>
<td>Maternal use of non-prescription substance</td>
<td>7</td>
</tr>
<tr>
<td>Maternal use of non-prescription substance</td>
<td>8</td>
</tr>
<tr>
<td>Unknown exposure but clinically consistent with NAS</td>
<td>9</td>
</tr>
<tr>
<td>Was the mother’s prescription history checked in the prescription drug registry (PDMP)</td>
<td>10</td>
</tr>
<tr>
<td>Did the mother have any opioid prescriptions in the PDMP in the 12 months prior to delivery?</td>
<td>11</td>
</tr>
</tbody>
</table>

Notes | 12 |
<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Available Drop Down Options (if applicable)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type of hospitalization</td>
<td>- Initial birth hospitalization - patient has never been discharged home from this hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Transfer from birth facility - patient was born at another facility and transferred to this facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Readmission - patient was discharged home and readmitted to this facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- This patient was diagnosed with NAS at an outpatient/non-hospital facility”</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Identify all confirmatory test(s) ordered for the patient. (select all that apply)</td>
<td>Sub-Header</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Hair</td>
<td>Pending, Completed</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Urine</td>
<td>Pending, Completed</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Meconium</td>
<td>Pending, Completed</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Umbilical cord</td>
<td>Pending, Completed</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>Other</td>
<td>Pending, Completed</td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td>Specify</td>
<td>If other is selected, please specify using this field</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Does the patient have clinical signs consistent with NAS?</td>
<td>Yes, No, Unknown</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Are any other supportive elements for diagnosis present? (check all that apply)</td>
<td>Sub-Header</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternal history of substance abuse known to cause NAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive maternal screening test for substance abuse known to cause NAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive neonatal screening test for substance abuse known to cause NAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>What is the source of the substance causing NAS, if known? (check all that apply)</td>
<td>Sub-Header</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternal supervised replacement therapy (prescription drug obtained with prescription)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternal supervised pain therapy (prescription drug obtained with a prescription)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternal therapy for psychiatric or neurological condition (prescription drug obtained with a prescription)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternal use of prescription substance obtained without a prescription</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Prescription drug used without prescription</td>
<td>Sub -Header</td>
<td>Check all that apply if Maternal use of prescription substance obtained without a prescription is yes</td>
</tr>
<tr>
<td></td>
<td>Benzodiazepine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carisoprodol</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fentanyl</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hydrocodone</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Morphine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oxycodone</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tramadol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>If other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal use of non-prescription substance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b Non-prescription drug used</td>
<td>Sub-Header</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methamphetamine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDMA/Ecstasy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthetic cannabinoid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>If other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check all that apply if Maternal use of non-prescription substance is yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown exposure but clinically consistent with NAS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs consistent with NAS (select this option only if no other options are selected)</td>
<td>Emergency Medical Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Other Health Care Professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bystander / Layperson</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Was the mother’s prescription history checked in the prescription drug registry (PDMP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the mother have any opioid prescriptions in the PDMP in the 12 months prior to delivery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Notes</td>
<td>Any relevant information in regards to this event</td>
<td></td>
</tr>
<tr>
<td>1000 Character limit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. When all information has been entered into the form for a single observation, click on “Save” located in the upper right hand corner of the section, or “Cancel” to close the data entry form without saving the observation.
3. When an observation has been saved, it will display in the Labs & Observations table. Cases will not be saved unless **at least one observation** has been entered into the table.

4. When reporting suspected overdoses or neonatal abstinence syndrome, users may only enter one record in the labs and observations table. If additional lab information is available, please enter this into the comments field.

Users may edit or delete existing labs & observations in the table by clicking on the edit icons located in the first column of the observation row. To edit the existing labs & observations row, click on the **edit** icon to expand the data entry form and edit the fields.

Click on “Save” to save all changes to the observation or “Cancel” to close the data entry form without saving changes to the observation.

To delete the existing labs & observations row, click on the **delete** icon. A dialog box will appear to confirm that the observation is to be deleted. Click on “OK” to delete the observation row or “Cancel” to return to the section without deleting the observation row.
Attachments

Overview

Various file types can be attached to a PHC for easy access and file storage.

**Medical Examiners are encouraged to attach PROG report**

File types that may be attached include the following:

<table>
<thead>
<tr>
<th>Allowable File Types</th>
<th>File Extensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word Documents</td>
<td>.doc .docx</td>
</tr>
<tr>
<td>Excel Files</td>
<td>.xls .xlsx</td>
</tr>
<tr>
<td>PDF Files</td>
<td>.pdf</td>
</tr>
<tr>
<td>TIFF Image Files</td>
<td>.tiff</td>
</tr>
</tbody>
</table>

Attaching a document to a PHC

1a. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the “attachments” section or scroll through the case to the Attachments Section.

2a. Click on “New Attachment” and a pop up window will appear to allow users to attach files. Depending on the browser, users will either browse to find the file or “Drag & Drop” the file to attach.

3a. Select File Content Type(s) related to the attachment (select all that apply)
“Browse” attaching screen

4a. Click on “Browse...” to choose a file to upload

5a. Select the file to be attached to the PHC
6a. Click on “Open”
7a. The location of the file will now display in the “Choose File:” field.
5b. Open up the folder and choose the file to be attached to the PHC.
6b. Drag the file to the “Drag & Drop” box and drop the file.
7b. The size and the file name will now display in the box.

8. Users may save the attachment with a different name by typing the new name into the “Save As” field.

9. The Comments text box may be used to describe the contents of the file.
10. Click on “Save” to upload and attach the file to the PHC or “Cancel” to exit the attachment process without associating the file to the PHC.

11. The attachment will now be displayed within the Attachments Section of the PHC.

### Opening an Attachment

1. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the “Attachments” section or scroll through the case to the Attachments Section.

2. Click on the File Icon or the File Name to download the attachment.

3. A dialog box will appear to allow for the file to be opened, saved, or cancel.

4. Click on “Open” to view the attachment without saving a file to the local drive. The Attachment will be opened in the respective applications (i.e. Microsoft Word, Microsoft Excel, etc.) Click on “Save” to save the file to the local drive.

### Editing an Attachment
1. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the “Attachments” section or scroll through the case to the Attachments Section

2. Click on the icon to display the edit fields available for attachments

3. Edit information associated with the existing attachment

4. Click on “Save” to save the changes made to the attachment or click on “Cancel” to return to the Attachments display without saving changes

5. Changes made to the attachment will be updated and viewable in the Attachment Section

Deleting an Attachment

1. Navigate to the Attachments Section of the PHC within the right side tree menu by clicking on the “Attachments” section or scroll through the case to the Attachments Section

2. Click on the icon to delete the attachment.

3. A dialog box will appear to confirm the deletion of the attachment from the PHC
4. Click on “OK’ to delete the attachment from the PHC of “Cancel” to return to the Attachment edit fields without deleting the attachment
5. Deleted attachments will no longer be visible in the Attachment Section

Deleted attachments cannot be retrieved. If an attachment is accidentally deleted, the user will need to re-attach the file.

**Provider**
The “Provider” is the health care worker who diagnoses and/or provides medical care for the case-patient with the reportable disease or conditions. To search for a provider, enter known provider information into the Provider search fields

<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provider Last Name</td>
<td></td>
</tr>
</tbody>
</table>
Click on “Search” to bring up search results matching the search criteria. Search results will display in a pop up window. Search criteria entered by the user will display on the top of the Provider Search Result window. Two search results will appear; the first list displays healthcare providers and associated healthcare facilities and the second list displays healthcare facilities that match the search criteria.

To select a provider, click on the + icon located to the left of the Healthcare Provider. If a provider is not listed in the search results, the user may add a new provider.

If the healthcare facility is known for a new provider, the user may add a new provider to a facility by selecting from an option in the second search results list. Once a healthcare facility has been selected, a “Create new provider” screen will appear with the Healthcare Facility information auto-populated into the relative fields.
Users may enter information into the “Create new provider” data entry form for the following fields:

<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provider Last Name</td>
<td><em>REQUIRED FIELD</em></td>
</tr>
<tr>
<td>2</td>
<td>Provider First Name</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Provider Phone</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Provider E-mail</td>
<td></td>
</tr>
</tbody>
</table>

Click on “Save” to complete the new provider entry for an existing healthcare facility or “Cancel” to return to the New Case Entry Form without associating a provider to the form.

Once saved, the new provider will be associated with the case.
If the provider associated is incorrect, users may change the provider by clicking on “Change Provider” and returning to the Provider Search Fields.

If the healthcare provider AND facility do not display within the search results, users may enter a new provider and new healthcare facility by clicking on “New Provider” between the two search result lists to display the “Create new provider” data entry form.

Users may also return to the Provider Search Fields in the New Case Entry Form by clicking on “New Search”.

Users may enter provider information into the following fields:
<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provider Last Name</td>
<td><em>REQUIRED FIELD</em></td>
</tr>
<tr>
<td>2</td>
<td>Provider First Name</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Provider Phone</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Provider E-mail</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Provider Organization</td>
<td>Name of healthcare facility associated with the provider</td>
</tr>
<tr>
<td>6</td>
<td>Provider Organization Street Address</td>
<td>Street address of healthcare facility associated with the provider</td>
</tr>
<tr>
<td>7</td>
<td>Provider Organization Unit</td>
<td>Unit of healthcare facility associated with the provider</td>
</tr>
<tr>
<td>8</td>
<td>Provider Organization City</td>
<td>City of healthcare facility associated with the provider</td>
</tr>
<tr>
<td>9</td>
<td>Provider Organization State</td>
<td>State of healthcare facility associated with the provider</td>
</tr>
<tr>
<td>10</td>
<td>Provider Organization Zip Code</td>
<td>Zip Code of healthcare facility associated with the provider</td>
</tr>
<tr>
<td>11</td>
<td>Provider Organization Country</td>
<td>Country of healthcare facility associated with the provider</td>
</tr>
</tbody>
</table>

Click on “Save” to complete the new provider entry for a new healthcare facility or “Cancel” to return to the Provider Search Fields without associating a provider to the New Case Entry Form. Once saved, the new provider and healthcare facility will be associated with the form.
Report Date is an editable field and is defined as the date that the provider reported the case to local public health. This date is automatically populated with the date the New Case is entered but may be edited to an earlier date if necessary.

**Reporter**

The Reporter is the person who reports the public health case (PHC) to the public health. Examples of reporters include but are not limited to hospital infection preventionists, providers, and laboratories.

A Reporter must be associated with the PHC in order to save the case. The Reporter section is automatically populated with the user’s information entering the PHC. The Reporting Organization should reflect the organization for which the user is reporting on behalf of. The Reporting Person should reflect user’s name and work contact information. Users cannot edit information within the Reporter Section.

1. The Report Date is automatically defaulted to the date the case is entered into MEDSIS

**Reporting a Public Health Case**

1. Click on “Continue” at the bottom of the new case data entry form. Click on “Cancel” to return to the Cases screen without saving or reporting the case to public health
2. A New Case CDR Preview will be visible on the screen

3. After review of the CDR, users may choose to Edit, Cancel, or Report the PHC to Public Health

<table>
<thead>
<tr>
<th>Order</th>
<th>Button Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Edit</td>
<td>User will return to the New Case Entry data form to edit any information</td>
</tr>
<tr>
<td>2</td>
<td>Cancel</td>
<td>User will return to the Cases screen without saving the PHC</td>
</tr>
<tr>
<td>3</td>
<td>Report Case</td>
<td>The case will be reported to the local health organization</td>
</tr>
</tbody>
</table>

4. Click on “Report Case”
5. A dialog box will appear to confirm that the case has been reported along with additional options.

![Case has been successfully created.
MEDSIS ID: 17.2799947
Patient Name: Example, Case
Enter another case for this patient
Enter a case for a different patient
View CDR
Return to Cases screen]

Users may select from the following options:

a. Enter another case for this patient
b. Enter a case for a different patient
c. View CDR
d. Return to Cases screen

6. Reported PHCs are not editable by healthcare users. If users would like to change or edit a reported PHC, users should contact the local public health organization that owns the case or submit a request to the MEDSIS Help Desk (medsishelpdesk@siren.az.gov)

**Reporting or urgent situations (such as detection of a 24-hour notifiable disease) must be done using another immediate means of communication (such as a phone call) in addition to electronic notification via MEDSIS.**

**Reports**

**Generating Reports**
1. Click “Reports & Extracts” at the top of the screen to enter the Reports & Extracts page
2. Click on the “Reports” tab to bring up a list of available reports
3. Click on the icon to the left of the report name to select a report to generate

4. A pop up window will display with a report generated. Users are able to enter filter criteria to narrow the results generated in the reports.

<table>
<thead>
<tr>
<th>Order</th>
<th>Filter Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Morbidity</td>
<td>Can choose one or many</td>
</tr>
<tr>
<td>2</td>
<td>Classification</td>
<td>Can choose one or many</td>
</tr>
<tr>
<td>3</td>
<td>Investigation</td>
<td>Status</td>
</tr>
<tr>
<td>4</td>
<td>Enter Date From</td>
<td>Specifies beginning date for cases included in the report (based on the date the case was entered)</td>
</tr>
<tr>
<td>5</td>
<td>Enter Date To</td>
<td>Specifies end date for cases included in the report (based on the date the case was entered)</td>
</tr>
</tbody>
</table>

5. Once filter criteria have been chosen, click on “View Report” to generate the report
Exporting Reports

Reports can be exported and saved as several different file types or printed from within the Reports screen.

1. While in the Report, click on the icon to open a drop down list of file type options. Reports can be exported as any one of the following file types:

<table>
<thead>
<tr>
<th>Order</th>
<th>File Type</th>
<th>Description</th>
<th>File Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CSV</td>
<td>Comma Delimited</td>
<td>.csv</td>
</tr>
<tr>
<td>2</td>
<td>PDF</td>
<td>Portable Document Format</td>
<td>.pdf</td>
</tr>
<tr>
<td>3</td>
<td>Excel</td>
<td>Microsoft Excel File</td>
<td>.xls</td>
</tr>
<tr>
<td>4</td>
<td>TIFF</td>
<td>Tagged Image File Format</td>
<td>.tiff</td>
</tr>
<tr>
<td>5</td>
<td>TXT</td>
<td>Tab Delimited Text File</td>
<td>.txt</td>
</tr>
</tbody>
</table>
2. Click on the desired file type to export the report
3. A dialog box will appear asking the user to open or save the file

![File Download Dialog Box]

4. Click on “Open” to view the file without saving, “Save” to save the file to a local location, or “Cancel” to return to the report viewer without exporting the file
Appendix A

Provider Reportable Communicable Disease List (http://azdhs.gov/phs/oids/pdf/rptlist.pdf)

Arizona Administrative Code* Requires Providers To:

Report Communicable Diseases to the Local Health Department

- Anemia
- Anthrax
- Aseptic meningitis, viral
- Basidiolemboliosis
- Borelia
- Bronchiolitis
- Campylobacteriosis
- Chagas disease (American trypanosomiasis)
- Chancroid
- Chlamydia infection, sexually transmitted
- Cholera
- Coccidioidomycosis (valley fever)
- Cold sores
- Conjunctivitis, acute
- Congestive heart failure
- Cryptosporidiosis
- Cytomegalovirus infection
- Cysticercosis
- Denge
- Dengue, hemorrhagic, or vomiting
- Diaphtheria
- Ehrlichiosis and Anaplasmosis
- Emerging or exotic disease
- Encephalitis, viral or parasitic
- Enterohemorrhagic Escherichia coli
- Enterovirus
- Gonorrhea
- Hantavirus infection
- Herpes zoster infection
- Hepatitis A
- Hepatitis B and D
- Hepatitis C
- Hepatitis E
- Herpes genitalis
- HIV infection and related disease
- Influenza-associated mortality in a child
- Kawasaki syndrome
- Legionsellosis (Legionnaires’ disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Lymphocytic choriomeningitis
- Malaria
- Measles (rubeola)
- Meningococcal invasive disease
- Mumps
- Pertussis (whooping cough)
- Plague
- Pemphigus (bullous skin disease)
- Poliomyelitis
- Postpolio syndrome
- Q fever
- Rabies in a human
- Relapsing fever (borreliosis)
- Rickettsiosis
- Rocky Mountain spotted fever
- Rabies (German measles)
- Rabies syndrome, congenital
- Salmonellosis
- Scarlet fever
- Severe acute respiratory syndrome
- Shigellosis
- Smallpox
- Staphylococcal Group A: invasive disease
- Staphylococcal Group B: invasive disease in infants younger than 90 days of age
- Streptococcus pneumoniae (pneumococcal invasive disease)
- Syphilis
- Tetanus
- Toxoplasmosis
- Trichinosis
- Tuberculosis, active disease
- Tuberculous latent infection in a child 5 years of age or younger (positive screening test result)
- Tuberculosis
- Typhoid fever
- Typhus fever
- Unexplained death with a history of fever
- Vaccinia-related adverse event
- Vancomycin-resistant or Vancomycin-intermediate Staphylococcus aureus
- Vancomycin-resistant Staphylococcus epidermidis
- Varicella (chickenpox)
- HIV infection
- Viral hemorrhagic fever
- West Nile virus infection
- Yellow fever
- Yersiniosis

* A.A.C. R9-6-202
Effective 04/01/2008

http://www.azdhs.gov/phs/oids/reporting/providers.htm
## Appendix B


<table>
<thead>
<tr>
<th>Arizona Laboratory Reporting Requirements</th>
<th>Isolates should be sent to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>

### ARIZONA LABORATORY REPORTING REQUIREMENTS

- **Hemophilus influenza, other, isolated from a normally sterile site**
- **Hepatitis A virus (anti-HAV-IgM serologies)**
- **Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, or detection of viral nucleic acid)**
- **Hepatitis C virus**
- **Hepatitis D virus**
- **Hepatitis E virus (anti-HEV-IgM serologies)**
- **HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)**
- **HIV—any test result for an infant (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)**
- **Influenza virus**
- **Legionella spp. (culture or DFA)**
- **Legionella spp., isolated from a normally sterile site**
- **Meningococci**
- **Meningococci, isolated from a normally sterile site**
- **Meningococcal infection complex and its drug sensitivity pattern**
- **Neisseria meningitidis, isolated from a normally sterile site**
- **Norovirus**
- **Pneumococcal spp.**
- **Respiratory syncytial virus**
- **Rickettsia spp. and anti-rickettsia-IgM serologies**
- **Salmonella spp.**
- **SARS-associated corona virus**
- **Shigella spp.**
- **Streptococcus Group A, isolated from a normally sterile site**
- **Streptococcus Group B, isolated from a normally sterile site in an infant younger than 90 days of age**
- **Streptococcus pneumoniae and its drug sensitivity pattern, isolated from a normally sterile site**
- **Trichomonas pallidum (yphiﬁl))**
- **Trichomonas crisi (Chaphe disease)**
- **Vibrio vulnificus or Vibrioid-intermediate (Shigella) spp.**
- **Vibrio vulnificus (shrimp)**
- **Vibrio cholerae**
- **Vibrio parahaemolyticus (other than 1. parahaemolyticus)**
- **Vibrio parahaemolyticus (plague)**
- **West Nile virus**
- **Yersinia spp. (other than 1. pestis)**
- **Yersinia pestis (plague)**

---

**Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.**

1. Submit a report within 24 hours after obtaining a positive test result.
2. Submit a report within 5 working days after obtaining a positive test result.
3. Submit a report within one working day after obtaining a positive test result.
4. Submit a report within five working days after obtaining a positive test result or a test result specified on this page.
5. Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
6. For each positive test result, submit a specimen to the Arizona State Laboratory within 24 hours after obtaining the positive test result.
7. Submit a report only when an initial positive result is obtained for an individual.
8. Submit an isolate of the organism only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained > 12 months after the initial positive result is obtained for an individual.

http://www.azdhs.gov/phs/oids/reporting/labs.htm

---

### MEDSIS User Guide for Healthcare Facilities

Overdose and Neonatal Abstinence Syndrome Reporting  

Page 52 of 60
Appendix C

Health Services Portal User Agreement

For expedited approvals, please send signed user agreements to the MEDSIS Help medshelpdesk@siren.az.gov or by fax to 602-364-3199 with the subject/attn. line of: MEDSIS Overdose Reporting

Usernames and passwords will be sent directly to the user and all communications will include local MEDSIS liaisons.
I have been made aware and understand that applicable State of Arizona statutes*, rules, policies and directives bind all State of Arizona (State) employees, contractors, vendors, volunteers and other users who have access to the State’s technology systems and applications.

[State of Arizona employees] This agreement does not create a contract for employment between any employee and the State. Nothing in this agreement changes the fact that all uncovered employees of the State are at-will employees and serve at the pleasure of the appointing authority.

[Non-State employees/other users (such as, contractors, leased employees, vendors, volunteers, etc.).] Nothing in this agreement creates an employment relationship with the State of Arizona.

In consideration for access to State information technology systems and applications, I agree to at all times abide by all applicable Arizona State statutes, rules, policies and directives, and understand that I am prohibited from violating the foregoing, which includes, but is not limited to, the following actions:

1. Revealing data to any person or persons outside or within the agency who have not been specifically authorized to receive such data.
2. Attempting or achieving access to data not germane to my mandated job duties.
3. Entering, modifying, deleting, or otherwise altering data, data structures, databases, programming code or scripts without appropriate authorization.
4. Entering, modifying, deleting, or otherwise altering data, data structures, databases, programming code or scripts for direct or indirect personal gain or advantage.
5. Entering, modifying, deleting, or otherwise altering data, data structures, databases, programming code or scripts maliciously or in retribution for real or imagined abuse or for personal amusement.
6. Unauthorized access, modification or destruction of any computer, computer system, State information system, hardware appliance, network device, media device, computer program, data structure, database, or program code or script.
7. Unauthorized installation or connection of any computer or electronic equipment to a State network.
8. Recklessly disrupting or causing disruption of any computer, computer system or State information system.
9. Unauthorized use of electronic messaging or other communications.
10. Using State equipment or property, including equipment or property leased to the State, for other than work related purposes, unless authorized by written agency policy or other proper authorization.
11. Using a personal device that is not protected with approved and up-to-date anti-virus software and fully patched to access any State of Arizona network.

12. Removing sensitive data from the State network or State devices that are not fully protected with encryption.

13. Using another person’s personal data access control identifier (USERID) and password.

14. Revealing my personal data access control identifier and/or password to another person.

15. Asking another user to reveal his/her personal data access control identifier and/or password.

16. Accessing, copying, disclosing, or deleting personally identifiable information, personal health information or other sensitive non-public information beyond that authorized by statute or specific authority of authorizing agent.

17. Accessing, copying, or disclosing critical information technology infrastructure information without authorization.

18. Using software on the local area network (LAN), or on any PC in any manner other than in accordance with the license agreement.

19. Making, acquiring, using, or distributing unauthorized copies of computer software.

20. Bringing in software (from outside the Agency) for use on the LAN or PC without the prior written permission of my Supervisor, Agency Authorizing Authority/Designee and unit responsible for Information Technology.

[State of Arizona employees] All new State employees must be provided with a copy of A.R.S. § 38-448 at the time of authorizing an employee to use an agency computer; the full text of this statute appears below:

38-448. State employees; access to internet pornography prohibited; cause for dismissal; definitions
A. Except to the extent required in conjunction with a bona fide, agency approved research project or other agency approved undertaking, an employee of an agency shall not knowingly use agency owned or agency leased computer equipment to access, download, print or store any information infrastructure files or services that depict nudity, sexual activity, sexual excitement or ultimate sexual acts as defined in section 13-3501. Agency heads shall give, in writing, any agency approvals. Agency approvals are available for public inspection pursuant to section 39-121.
B. An employee who violates this section may be subject to discipline or dismissal.
C. All agencies shall immediately furnish their current employees with copies of this section. All agencies shall furnish all new employees with copies of this section at the time of authorizing an employee to use an agency computer.
D. For the purposes of this section:
1. "Agency" means:
   (a) All offices, agencies, departments, boards, councils or commissions of this state.
   (b) All state universities.
   (c) All community college districts.
   (d) All legislative agencies.
   (e) All departments or agencies of the state supreme court or the court of appeals.
   2. "Information infrastructure" means telecommunications, cable and computer networks and includes the internet, the world wide web, usenet, bulletin board systems, on-line systems and telephone networks.
I agree to seek clarification before entering, modifying, deleting, altering, or disclosing data. I agree to immediately notify my supervisor, manager or any member of the Agency’s executive team of any suspected or confirmed unauthorized disclosure or misuse in violation of this agreement or any applicable statutes, rules or policies.

Appropriate action will be taken, including immediate termination of access, to ensure that applicable federal and state statutes, regulations and directives governing confidentiality and security are enforced. Aside from revocation of access, breach of procedures pursuant to this policy or misuse of State property including computer programs, equipment and/or data, may result in prosecution in accordance with any applicable provision of statute, including Arizona Revised Statutes (A.R.S.) Section 13-2316. for computer tampering and/or:

- [State of Arizona employees] I may be subject to discipline or separation.
- [Non-State employees/other users] Violating federal and state statutes and rules, statewide policies, and agency policy and directives may result in, but not be limited to, immediate credential revocation, terminations of permissions for access to data systems and physical locations, and barring of entry or access permanently. Vendors providing services under a contract are subject to vendor performance reports, and any contract terms and warranties, including potential damages.

During all times that I have access to State information technology systems and applications, I accept responsibility for adhering to all applicable State of Arizona statutes, rules, security policies and directives and agree to abide by this agreement. I understand that I have access to instruction on and access to applicable statutes, rules and policies. Failure to accept the terms of this agreement will mean I will not be permitted access to State of Arizona produced media, data, computer equipment and software.

Print Name

Agency

Signature

Date

*Applicable State of Arizona statutes and policies include, but are not limited to:

- A.R.S. § 41-3504. Powers and duties of the department; violation; classification
- A.R.S. § 41-3507. Statewide information security and privacy office; duties; suspension of budget unit's information infrastructure
- A.R.S. § 13-2316. Computer tampering; venue; forfeiture; classification
- A.R.S. § 41-151.12. Records; records management; powers and duties of director; fees; records services fund
- A.R.S. § 41-1750.01. National crime prevention and privacy compact
- [State of Arizona employees] A.R.S. § 38-448. State employees; access to internet pornography prohibited; cause for dismissal; definitions
- ADHS policy 8280: Acceptable Use
PLEDGE TO PROTECT CONFIDENTIAL INFORMATION

1. I, ____________________, understand and agree to abide by the following statements addressing
(Please Print Name)
the creation, use and disclosure of confidential information, including information designated as
protected health information ("PHI"), and all other sensitive information:

1. I understand that as a user of information at the Arizona Department of Health Services, I may
develop, use, or maintain information relating to public health and welfare, direct or indirect health
care, quality improvement, peer review, audit functions, education, billing, reimbursement,
administration, research or other approved purposes. This information, from any source and in any
form, including, but not limited to paper records, oral communications, audio recordings and
electronic display, is considered confidential. Access to confidential information is permitted only
on a need-to-know basis and limited to the minimum amount of confidential information necessary
to accomplish the intended purpose of the use, disclosure or request.

2. I understand that it is the policy of the Arizona Department of Health Services that users (i.e.,
employees, medical staff, students, volunteers, contractors, vendors and others who may function
in an affiliated capacity) shall respect and preserve the privacy, confidentiality and security of
confidential information.

3. I understand that persons who have access to information that contains confidential information are
ethically and legally responsible for observing the federal and state statutes and rules governing
confidential records. I will not alter, misuse, disclose without proper authority or the individual’s
authorization any confidential information.

4. I understand that confidential information may include oral communications, paper or electronic
documents, databases, audio/visual tapes, and other items identified as “confidential” or “sensitive”
information.

5. I understand that Arizona State Law prohibits me from using confidential information for personal
gain.

6. I understand that confidential information in my control must be maintained and protected from
inappropriate disclosure at all times (i.e., hard copy information when not in use will not be
accessible to others, including stored in locked or other secure compartments, computer files must
be password protected and closed, working documents turned face down on desk, electronic
transmission of information will be encrypted according to Department policy, etc.)

Revised: 02/04/15
ARIZONA DEPARTMENT OF HEALTH SERVICES

Confidentiality Agreement Form

7. I understand that it is the user’s responsibility to protect highly sensitive Department information. As such, I am required to use good judgment in assessing what form of communication is appropriate for particular information. If I have any questions or concerns, I am to consult Department policies, my supervisor or the applicable Assistant Director for guidance.

8. I understand that confidential information may only be accessed when I am specifically authorized to do so by the appropriate program manager and I will use only the amount of information necessary within the scope of my duties. When confidential information is no longer needed, I will dispose of it in an appropriate manner to prevent inappropriate access to that information.

9. I understand that confidential information, including paper and electronic records, correspondence, documents and other forms of such information, cannot be released to or discussed with anyone other than authorized individuals. I will also violate this provision if I intentionally or negligently mishandle or destroy confidential information.

10. I understand that I am not to contact the individuals(s) or other related persons to whom confidential information pertains unless I am specifically authorized to do so by law and the appropriate program manager.

11. I understand that it is violation of Department and State of Arizona policy for me to share my sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas. I further understand that I will not use another person’s sign-on code and/or password or otherwise attempt to access electronic confidential information or to gain physical access to a restricted area that is not within the scope of my work or permitted by my supervisor.

12. I understand that it is my responsibility to know and abide by any additional confidentiality provisions required by my job that may be issued by the Department, Division, Bureau, program or other work unit to which I report. If I have questions about which confidentiality rules apply to my job, I understand that it is my responsibility to ask my supervisor prior to releasing any information, even if the information request is in the form of a subpoena or other legal document.

13. I understand that it is my responsibility to report any observed or suspected breach of confidentiality by any other Department employee to my supervisor.

14. I understand that if it is determined that I have violated this Pledge or any other confidentiality requirement, I may be subject to formal disciplinary action up to and including termination of employment, loss of privileges, contractual or other rights which may be granted as a result of an affiliation in accordance with Department and/or State of Arizona procedures. Unauthorized use or release of confidential information may also subject me to personal, civil, and/or criminal liability and legal penalties.

SERVICE DESIGNATION: Employee  Contractor  Volunteer  Student  Other _________

______________________________  __________________   __________________
Signature                      Title                          Date

Revised: 02/04/15
Arizona Health Services Portal User Agreement

Health and Wellness for all Arizonans

WARNING
The Arizona Health Services Portal Environment has been developed in conjunction with the statewide plan for information technology as set forth in A.R.S. § 41-3504 (A) (1). It is a component of the State of Arizona’s Health Services Information Technology Services, which may be accessed and used only for official business by authorized personnel. Unauthorized access or use may subject violators to criminal, civil, and/or administrative action. As a State owned system, there is no right to privacy on this system. All information on this system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for official purposes including criminal investigations.

Terms of the Agreement
The terms of this Agreement shall become effective upon signature and shall remain in effect for two years after the date of signature. Arizona Health Services Portal (AHSP) users will be required to renew the AHSP Agreement on a bi-yearly basis.

Background
AHSP is a secure electronic communication system that is designed to host a series of web based applications, enabling local, state, federal, and international public health preparedness partners to share information and preliminary data on recent outbreaks and other health events in a rapid and secure environment.

Security Requirements on the Arizona Health Services Portal
a. User will need to change password once received.
b. User will be required to change their password every 60 days.
c. User will be required to renew the AHSP Agreement on a bi-yearly basis.
d. User will be limited to three (3) log-in attempts before losing access.
e. User will need to contact the Helpdesk at helpdesk@siren.az.gov to regain access.
f. User will notify the AHSP Helpdesk, AHSP Liaison at the Local Health Department or organization within 24 hours of any unauthorized release of personally identifying information.
g. User will notify the AHSP Helpdesk, AHSP Liaison at the Local Health Department or organization within 24 hours of any changes in job position, responsibilities or no longer need access.
h. User will not leave the computer unattended when logged on to the AHSP.

Agreement Provisions
The Arizona Department of Health Services Department has a duty pursuant to A.R.S. § 41-4172 to develop and establish commercially reasonable procedures to ensure the security of personal identifying information.

In consideration of the Department’s duty to ensure the security of personal identifying information and my responsibilities as AHSP user, and in recognition of the potential harm or discomfort that could be caused by the release of sensitive, provisional, and personal information obtained from within the AHSP, I agree to the following provisions:

b. To cooperate with the Arizona Department of Health Services in the course of performance of the Agreement so that both parties will be in compliance with HIPAA.
c. Not to share my AHSP information (i.e. USER ID and Password) with others or to allow others to use my account to view information posted on AHSP.
d. To use any and all information posted on the AHSP solely for the purposes of public health or emergency preparedness and not for personal or commercial gain.
e. To avoid attempting to override or circumvent the security procedures related to the AHSP.
f. To prohibit the use of names of other AHSP users or their institutions in a way that misrepresents the source of information or implies endorsement of products or services without the permission of the contributing source.
g. To the use of my name and contact information in the AHSP’s Public Health Directory that will be made available to all AHSP users, unless otherwise stated.
Medical Electronic Disease Surveillance Intelligence System (MEDSIS)

a. Only AHSP users trained by the Arizona Department of Health Services and/or a local health department representative may enter data into MEDSIS or have access to patient data in MEDSIS.
b. MEDSIS users will comply with the Arizona Administrative Code R9-6-201 to 207 Responsibilities for Reporting (http://www.azsos.gov/public_services/Title_09/9-06.htm). Reporting through MEDSIS fulfills most reporting requirements of communicable diseases to the local health departments. Reporting of urgent situations (such as detection of a 24-hour notifiable disease) must be done using another immediate means of communication (such as a phone call) in addition to electronic notification via MEDSIS.
c. MEDSIS users will comply with MEDSIS Policies and Procedures regarding the release of data to non-MEDSIS persons.

Confidentiality of data on the AHSP Applications

a. Human case information falls under HIPAA and A.R.S. §§ (35-661 to 669)
b. Unauthorized release of confidential information will result in immediate termination of access to Arizona Health Services Portal and its applications as well as notifying your facility Administrator and/or supervisor, and may result in administrative or criminal penalties.

I have reviewed and understand the above Agreement and the MEDSIS Policies and Procedures and agree to be bound by both with regards to my access and use of AHSP and MEDSIS. Furthermore, the Arizona Department of Health Services reserves the right to limit access for violation of the above Agreement or the MEDSIS Policies and Procedures.

☐ AHSP  ☐ PRISM  ☐ MEDSIS

Organization Name

First & Last Name (Print)  Work Phone

Work Email

____________________________  ________________________
Signature  Date