



**State of New Jersey**  
**DEPARTMENT OF HEALTH**  
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 Acting Commissioner

**Communicable Disease Reporting and Surveillance System (CDRSS) User Agreement**  
**(Effective May 2018)**

All users of the CDRSS must read and sign a copy of this user agreement and return it to the Division of Epidemiology, Environmental and Occupational Health (EEOH). Access to the CDRSS is for the purpose of fulfilling the mission of the EEOH. The data in the CDRSS are to be treated as confidential and each user agrees to the following:

1. All users must respect the confidential nature of the CDRSS data. Users must not act in any way that will intentionally (or unintentionally) compromise the confidentiality of these data.
2. Only authorized users are allowed access to the system. User access is limited by use of individual, unique system user ID and password combinations. New users must complete all necessary system training before being granted password access. Users must not share passwords with others or assist in unauthorized access to the system. Users should not save their unique CDRSS login information on the internet browser.
3. The system is to be accessed only by authorized users while those users are actively performing project tasks requiring use of the system. As soon as users are finished actively performing tasks requiring use of the system, they must exit from password-protected system areas.
4. Access rights to the system are given only to project employees with a clear need to know. Rights are given based on the principle of least privilege. Thus, users will only be given the minimum rights necessary to perform projects tasks for which they have authorization.
5. Any individual detecting a breach of system security or potential security vulnerability must report this finding in writing to the CDRSS Helpdesk (cdrs.admin@doh.nj.gov).
6. Users are encouraged to notify the supervisor and CDRSS Helpdesk if access rights are no longer needed for areas of the CDRSS.
7. Any CDRSS data linkages must be properly documented and authorized by the CDRSS project manager.

I have read the above information. I understand the importance of and agree to uphold the user agreement rules of the CDRSS.

**Date:** \_\_\_\_\_  **ILI User Only (please check)**

**User's Signature:** \_\_\_\_\_

*Please print the items below (black or blue ink only):*

**User's Full First and Last Name:** \_\_\_\_\_

**User's E-mail address:** \_\_\_\_\_

**User's Telephone Number:** \_\_\_\_\_

**Organization:** \_\_\_\_\_