
Note - This user agreement is for established NBS account holders only. Users who have not had an NBS account should use a different form. Email NVEpiTrax@health.nv.gov for the correct form.

EpiTrax is an open source, highly configurable, comprehensive surveillance and outbreak management application designed for public health. It allows local, state, and federal agencies to identify, investigate, and mitigate communicable diseases, environmental hazards, and bioterrorism incidents. EpiTrax supports electronic laboratory reporting (ELR) and electronic case reporting (eCR). It offers sophisticated analysis, visualization, and reporting of contact and case information. EpiTrax increases overall effectiveness in preventing morbidity and mortality through decreased reporting time, automated assignment and routing processes, easy form-creation tools, trend analysis, detection of anomalies, and quality assurance.

Please read this statement carefully. All users must read, understand and sign this agreement before being given access to EpiTrax.

As a Nevada EpiTrax user, you agree to:

1. Use Nevada EpiTrax only in the course of your assigned duties to perform surveillance duties and/or disease investigations.
2. Access Nevada EpiTrax only from authorized computer terminals from your Agency/Employer.
3. Use Nevada EpiTrax to access only those records of clients presenting to your Agency/Employer for services.
4. Maintain a confidential user password for your personal access only. Passwords must not be shared with any other individuals, including other authorized Nevada EpiTrax users at your Agency/Employer. Any written documentation of your password should be maintained in a location that cannot be accessed by other individuals (e.g., in a locked filing cabinet).
5. Log off from the Nevada EpiTrax system at the end of your shift or at any point when you must leave your workstation. In addition, position your computer monitor in such a manner to prevent unauthorized individuals from viewing Nevada EpiTrax information on the screen.
6. Maintain confidentiality of patient information of all medical record information obtained from Nevada EpiTrax, as required by State and Federal law
7. Participate in required Nevada EpiTrax training sessions and keep updated on other information provided on the Nevada EpiTrax website or by Nevada EpiTrax staff.
8. Notify Nevada EpiTrax staff if you are no longer employed at this Agency/Employer, if your duties change such that you no longer require access to Nevada EpiTrax, or if you plan to take a leave of absence from work for more than 90 days.

As a Nevada EpiTrax user you agree *NOT* to:

1. Examine, share, or read any document or computer record contained in Nevada EpiTrax containing confidential medical information, except on a "need to know" basis; that is, if required to do so in the course of your job duties.
2. Remove from a job site or copy any document or computer record containing confidential information unless authorized to do so or if required in the course of your job duties.

Please indicate the state or local permissions, jurisdiction and condition access needed for this user.

STATE ROLES		LOCAL ROLES
ELR- Admin	State Analyst	Carson Investigator
ELR-Dashboard Only	State Manager	Contact Tracer
ELR-HAI	Super User	Data Entry Technician
ELR-HIV View	System Administrator	ELR-Notification Investigator
ELR-Lead Poisoning		LHD Manager
ELR-On Call		Local Administrator
ELR-QA		Local Analyst
State Administrator		Surveillance Manager

JURISDICTION ACCESS	
Carson City	Mineral
Churchill	Nevada Department of Health and Human Services
Douglas	Nye
Elko	Out of State
Esmerelda	Pershing
Eureka	Southern Nevada Health District
Humboldt	Storey
Lander	Washoe
Lincoln	White Pine
Lyon	

CONDITION GROUP:				
STD	Hepatitis	TB	General Communicable Diseases	COVID
<p>**If you need access to STD, Hepatitis or TB please complete the Data Security and Confidentiality for HHST Programs Training and include the certificate with your application. To get access to the training please contact Preston Tang ptang@health.nv.gov.</p>				

Nevada EpiTrax

User Confidentiality Agreement

I have read and understand the *Nevada EpiTrax User Confidentiality Agreement*. I understand that records stored in Nevada EpiTrax are confidential medical information. Inappropriate use or disclosure of patient information may result in civil and criminal penalties and revocation of my and/or my Agency's/Employer's access to Nevada EpiTrax. I also understand that an electronic record (audit trail) will be created automatically by the Nevada EpiTrax system and will document which Nevada EpiTrax records I have accessed.

I understand and agree to abide by the Nevada EpiTrax User Confidentiality Agreement:

Print Name: _____ **Title:** _____

Work Phone: _____ **Fax#:** _____

City: _____ **State:** _____ **Email:** _____

County or Counties:

(List all counties you need access to)

Note - Email address provided will be added to the Nevada EpiTrax User Email Distribution List

Do you currently have an NBS account? **Y** **N** **If no, then this is the wrong form.**
Email NVEpiTrax@health.nv.gov for correct form

Agency/Health Department: _____

Signature: _____ Date: _____

**Please email page 2 of the signed
 User Confidentiality Agreement to the address/fax listed below.
 Keep a copy of the Agreement for your reference.**

NVEpiTrax@health.nv.gov

For NEVADA EpiTrax Office Use Only			Assigned Username:		
UCA received by:		Date:	Deactivated by:	Reason:	Date:
Trained by:		Date:	Reactivated by:	Reason:	Date:
Account est. by:		Date:	Deactivated by:	Reason:	Date:
			Reactivated by:	Reason:	Date:
Notes:					