

County of San Diego
Health and Human Services Agency, Public Health Services
Epidemiology and Immunization Services Branch

WebCMR Communicable Disease Registry New User Application

This form is to be completed by potential new users who are requesting access to the WebCMR system.
Note: Persons requesting access to the Community Reporting Module should complete the WebCMR Communicable Disease Registry Community Reporting Module New User Application.

Date: __/__/____

First Name: _____ Last Name: _____

Job Title: _____

Department/Division/Branch: _____

Email Address: _____ Phone Number: (____) ____ - _____

Supervisor/Manager: _____

Supervisor/Manager Signature: _____

Please describe the business need for WebCMR/how WebCMR will be used:

***After completing and signing this form, please email or route to WebCMR Administrator for approval.
Contact a WebCMR Administrator with any questions.***

Confidentiality Acknowledgement:

County of San Diego, Health and Human Services Agency is committed to ensuring the confidentiality of protected health information as required or permitted by law.

As an authorized user of WebCMR, you are required to maintain this information in a confidential manner. The unauthorized use or disclosure of this information is prohibited. Access to this information is provided to assist in the performance of County specific duties only.

I acknowledge and agree to the above requirements.

New User Signature: _____ Date: __/__/____

For Office Use Only:

Approved: __/__/____ Account Created: __/__/____ Approver: _____

User Training Provided: __/__/____ Special Instructions: _____