

PROCEDURES FOR OBTAINING AN ACCOUNT FOR THE DISEASE REPORTING SYSTEM-INTERNET (DRSi)

INTRODUCTION: Due to Health Insurance Portability and Assurance Act (HIPAA) and Privacy Act requirements, the requesting command or unit that has access to sensitive personal and health information will be protected.

Completing and Submitting DD Form 2875

Preferably, one primary and one secondary MER Recorder should be assigned to each Medical Department. One form per person must be sent to the DRSi Helpdesk.

1. USER (requesting access)

- Complete blocks 1-12 (Part I).
- CAC signature of the requester is needed for block 11.
- In block 13, annotate the REPORTING UNIT (e.g. clinic, facility, regional unit). Reporting Unit ID (e.g. UIC for Navy/MC; OPFAC for CG; DMIS ID for AF/Army). Most recent HIPAA completion date (mm/dd/yyyy) and Branch of Service.
- ***Forms forwarded to the Helpdesk without block 13 completed in its entirety will be rejected.***
- ***Send the form to someone in your chain of command who can fill out the SUPERVISOR section in step #2 below. This person must be a DEPARTMENT HEAD or someone delegated "BY-DIRECTION" authority or higher, FLIGHT COMMANDER or above (no exceptions).***
- Users who will **TRANSFER** to another command/installation should contact the Helpdesk so the current Reporting Unit can be deactivated. If access to DRSi is needed at the new command/installation, you must submit a **NEW** request and have it endorsed by your new leadership.
- Users who will **RETIRE or SEPARATE** should contact the Helpdesk so their account can be deactivated.
- ***Block 21 should be reviewed in its entirety by the requestor.***

2. SUPERVISOR

- In Block 13, verify the Name of Reporting Unit(s) and Reporting Unit ID are correct for which the individual will report or monitor Medical Event Reports, and ensure the annual HIPPA date is current.
- Blocks 16-17e **must be a DEPARTMENT HEAD or someone delegated "BY-DIRECTION" authority or higher, FLIGHT COMMANDER or above (no exceptions). These blocks must be completed to their entirety, or the form will be rejected.**
- CAC signature is needed for block 17d.

3. FORWARDING COMPLETED SAAR:

Request forms are to be submitted to the below email address in an **UNENCRYPTED** email. If you are unable to submit your request based on your current IT/communication environment, please contact the respective email address below.

a. **ARMY USERS email form to:**

usarmy.apg.medcom-aphc.mbx.disease-epidemiologyprogram13@health.mil

b. **ALL OTHER USERS email form to:**

usn.hampton-roads.navmcpubhlthcenpors.list.nmcpnc-ndrs@health.mil

*** If block 17d has an electronic signature, the Helpdesk will activate the account immediately and the Requestor will receive their login ID and initial password via e-mail. However, if block 17d is wet signed or if the endorser's rank or position appears incompatible with the requirements documented above, the Helpdesk will send a verification email to the endorser for verification. The endorser must respond to the email acknowledging such before the requestor receives access to the site (no exceptions).