Appendix 2. Orpheus Cross-jurisdictional Data-sharing Agreement

Jurisdiction Granting Other Jurisdictions Access to Orpheus case reports

I, ________________________________ (ORP of ____________________________), agree to grant Orpheus case record access to Approved Orpheus Users from the following jurisdictions:

_______________________________________________________ Health Department, (Receiving Jurisdiction)
_______________________________________________________ Health Department, (Receiving Jurisdiction)
_______________________________________________________ Health Department, (Receiving Jurisdiction)
_______________________________________________________ Health Department, (Receiving Jurisdiction)
_______________________________________________________ Health Department, (Receiving Jurisdiction)
_______________________________________________________ Health Department (Receiving Jurisdiction)

These users must be in compliance with the Orpheus Security Policies and Procedures, and will have the same disease-group access to Orpheus cases associated with my jurisdiction*.

Signed _________________________________            Date _______________________

*Users will have access to all the disease groups already established for their jurisdiction.