

CalREDIE Submit-Only Reporters New User Registration

The CalREDIE Provider Portal lets you fulfill your communicable disease reporting requirements by allowing Confidential Morbidity Reports to be submitted electronically to Sacramento County Public Health. To set up an account for the CalREDIE Provider Portal, you will need to **contact Sacramento County Public Health at (916)875-5881** and obtain a password. Once you have the password, follow the steps below to create your account.

Steps to Access the Account Set Up Screen (Figures 1 and 2):

1. In an Internet Explorer window, navigate to the CalREDIE website, www.calredie.cdph.ca.gov
2. Click the **“click here”** link.

Figure 1

Version: 9.1.10.4319

1

CalREDIE
California Reportable Disease
Information Exchange

CDPH
California Department of
Public Health

Username

Password

[Change Password](#)

2 New Users, [click here.](#)

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3. Enter the password provided by Sacramento County Public Health in the **Password** field.
4. Click **Ok**.

Figure 2

Version: 9.1.10.4321

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In order to prevent abuse of the CMR reporting system, a general password is required before you can create a new user. This password is available from your local health department. If you do not know the password but would like to sign up, please contact your local health department.

3 Password 4

Steps to Set Up your Account (Figure 3):

5. Review the agreement found at the top of the screen.
6. Enter your **First Name, Last Name** and **Date of Birth**.
7. Enter the **Name** and **Address** of the company/private practice that you are reporting for.
8. Enter your **Phone** and **Email Address**.
9. Create a **User Login**.
Note: The username must be at least six alphanumeric characters.
10. Create and confirm your **Password**.
Note: The password must be at least six characters.
11. Click **Submit**.

Figure 3

CREATE A NEW WEB ACCOUNT

5 Under the California Code of Regulations, Title 17 (Section 2500), public health professionals, medical providers and others are mandated to report approximately 85 diseases or conditions to their local health department. This reporting option is being provided to assist health care providers in meeting this reporting requirement. By creating a user account you are stating that all the information you provide is correct and that you are either a public health professional or medical provider.

WARNING: Submitting a false CalREDIE can lead to both civil and criminal charges.

Note: All fields are required.

6 **First Name** Lisa **Last Name** Stone **Date of Birth (MM/DD/YYYY)** 05/08/1975

Company Name Kaiser Permanente

7 **Address** 1616 Capitol Ave

City Sacramento **State** CA **Zipcode** 95818

8 **Phone Number** 916-528-4715 **E-Mail** lisastone@kaiser.com

9 **User Login (Must be at least 6 alphanumeric characters)** lstone159

10 **Password**
Confirm Password

By clicking the Submit button, you agree to adhere to the agreement above 11 **SUBMIT**

Steps to Login to the Provider Portal (Figure 4):

12. The page will refresh and the CalREDIE login page will appear. Your Username is automatically entered for you.
13. Enter your **Password**.
14. Click **Login**. You are now in the Provider Portal. For information on how to use the Provider Portal, see the Provider Portal Quick Start Sheet.

Figure 4

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California Reportable Disease
Information Exchange



CDPH
California Department of
Public Health

12 Username

13 Password

14

[Change Password](#)

New Users, [click here.](#)

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