

ADMINISTRATIVE

For Vital Records Use Only

Date Received: __/__/__

Date Created: __/__/__

User ID: _____

Louisiana Electronic Event Registration System

PHYSICIAN USER ID REQUEST FORM

DEATH CERTIFICATE REGISTRATION MODULE

Last Name: First Name: Middle:

Phone: Extension: Email:*

User Is: PHYSICIAN User's NPI or if none, State License Number:

CORONER Is user legally allowed to sign a death certificate under Louisiana Law? Yes No

* Email address is required to send password information and Personal Identification Number (PIN).

Enter the name of your practice, or facility if no practice

Facility/Practice #1 Name:

Type of Facility (e.g. practice or hospital):

Street Address:

Parish: City/Town: Zip Code:

Facility/Practice #2 Name:

Type of Facility (e.g. practice or hospital):

Street Address:

Parish: City/Town: Zip Code:

USER STATEMENT

I certify that I have read and understand the User Agreement for LEERS on the back of this form. I agree to abide by this policy.

User's Name (Print)

User Signature

Date:

Submit this form by :

MAIL: via the postage paid envelope

FAX: (504) 593-5196 Attn: LEERS Program

EMAIL: Scan and send to LEERS@la.gov

Your User ID, temporary password, and PIN will be emailed when your User ID is activated.

Mailing Address:

LEERS
P.O. Box 60630
New Orleans, LA
70160

User Agreement for LEERS Death Registration

The undersigned understands and agrees that use of this system falls under the Louisiana Department of Health (LDH). The undersigned also agrees to abide by the User Agreement and understands that non-compliance with any part of this agreement may constitute grounds for termination of the agreement and access to LEERS. This agreement allows the user access to LEERS and will be reviewed annually for compliance. Otherwise, it is effective until terminated.

Please read through this User Agreement thoroughly and follow the instructions. If you have any questions please contact the LEERS Help Desk at (504) 593-5101 or LEERS@la.gov

This agreement is between the Louisiana Department of Health (LDH) and its predecessor agencies, and the user completing this agreement. This agreement sets forth the expectations for access to and use of the Louisiana Electronic Event Registration System in registering death records. The terms "facility" include funeral homes, registrars, coroners, and physicians using the LEERS program.

The user must complete this User Agreement and User ID Request Form before access to the LEERS program will be given.

The user will not disclose their assigned user ID or password to another individual. The user will not allow another user access to LEERS through their account. Each user is responsible for all activity which occurs under the auspices of their user ID.

The user provided access to LEERS must comply with the "DHHIT Network Security Standards and Procedures" as provided by DHH at the signing of this agreement.

<https://www.doa.la.gov/OTS/InformationSecurity/InformationSecurityPolicy-LA-v.1.0.pdf>

The user will not use or disclose any information contained in the LEERS program except to fulfill their obligations as an employee of stated facility or as required by applicable law. Failure to comply with the User Agreement Requirements may result in **termination** of the agreement and access to LEERS.