

# CT-Vitals (EDRS) User Application

Send completed CT-Vitals application to:

Email: [DPH.EDRS@ct.gov](mailto:DPH.EDRS@ct.gov)

**Type of Request:**    New User    Delete User (as of \_\_\_\_\_)    Update User (specify what \_\_\_\_\_)

## Requester's Information

First Name, Middle Initial and Last Name:	Title:
---	--------

Professional Designation: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> APRN <input type="checkbox"/> Med Examiner <input type="checkbox"/> Funeral Director <input type="checkbox"/> Town Registrar <input type="checkbox"/> Other: _____	Connecticut License Number: _____
--	--------------------------------------

Primary Facility Name: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City:	State:	Zip Code:
-------	--------	-----------

Work Phone:	Fax:
-------------	------

Work Email (please provide a unique email address): \_\_\_\_\_

I facilitate the completion of death certificates at additional facilities:   
 Yes\*   
 No

\*If yes, please list the additional facilities and addresses where death certificates are completed below. If you work at more than 3 facilities, please attach and submit a second form.

Facility Name:	Facility Name:
Facility Address:	Facility Address:
City/State/Zip:	City/State/Zip:
Work Phone:	Work Phone:
Work Email:	Work Email:

## Check the box next to a User Type below (see second page for descriptions)

<b>Funeral Home User:</b>	Funeral Director	Funeral Home Clerk	
<b>Medical Certifier:</b>	Medical Certifier	Medical Facility Clerk	
<b>Medical Examiner:</b>	Medical Examiner	Death Investigator	Medical Examiner Clerk
<b>Town/City:</b>	Registrar of Vital Statistics	Assistant/Deputy Registrar	Vitals Clerk

## Acknowledgement of Responsibilities

*Only users authorized by the Connecticut Department of Public Health shall access the CT-Vitals Electronic Death Registry ("the System"). Authorized Users agree to use the System only for its intended purposes. Any confidential information included in the death record, including the decedent's social security number, and any other information that may be deemed confidential shall not be disclosed by the user unless permitted by law. The user shall apply administrative safeguards to guard against unauthorized access to the System and to the confidential data within. Use of the System to create fraudulent records, falsify information or any other activity or misuse that is not in accord with the proper filing of Connecticut death records may result in disciplinary action including loss of access to the System, civil penalties and/or criminal charges. By affixing my name below, I am agreeing to the above statement of use.*

User Signature	Date
----------------	------

**Name and Title of person Authorizing access for the above user:**

Authorizing Signature	Date
-----------------------	------

# CT-Vitals

## User Levels of Access

### **Funeral Home**

Funeral Home Clerk: This level allows the individual to create a death record, enter demographic information, verify the deceased's Social Security Number, and request cremation clearance but they cannot sign death records. Funeral Home Clerks are also allowed to request amendments to the demographic portion of the record after registration, refer the record to the Medical Examiner, request medical certification, pay for and print disposition permits.

Funeral Home Director: This level allows the individual to perform the same functions as the Funeral Home Clerk role as well as the ability to sign the death record.

### **Medical Facility**

Medical Facility Clerk: This level allows the individual to create a death record, enter cause of death information and pronouncement information, but they cannot certify a death record. Medical Facility Clerks are also allowed to request certain amendments to the medical portion of the record after registration, refer to the Medical Examiner, request medical certification, and request a funeral home.

Medical Certifier: This level allows the individual to perform the same functions as the Medical Facility Clerk role as well as the ability to certify the death record.

### **Medical Examiner Office**

Medical Examiner Clerk: This level allows the individual to create a death record, enter cause of death information, pronouncement and injury information, but they cannot certify a death record. Medical Examiner Clerks are also allowed to request certain amendments to the medical portion of the record after registration.

Death Investigator: This level allows the individual to create a death record, enter cause of death, pronouncement, and injury information, but they cannot certify a death record. Death Investigators are also allowed to request amendments to the medical portion of the record after registration and authorize cremations.

Medical Examiner: This level allows the individual to perform the same functions as the Medical Examiner Clerk and Death Investigator roles as well as the ability to certify the death record.

### **Town and City office**

Vitals Clerk: This level allows the individual to issue death certificates, print archival copies and disposition permits.

Registrar and Assistant/Deputy Registrar: This level allows the individual to perform the same functions as the Vitals Clerk as well as registering death records, initiating and approving amendments to a record.