

## Register

**Note:** Your registration will need to be approved before your account is activated. You'll be notified via email when your account is approved.

First Name\*

Last Name\*

Email\*

Title

Affiliation

Organization\*

Password (minimum 8 characters)\*

Confirm Password\*

Choose first security question\*

Response\*

Confirm response\*

Choose second security question\*

Response\*

Confirm response\*

(Lower section of screen)

### BioSense User Login Agreement\*

As an authorized user of BioSense, and by logging in, you are indicating that you agree to the conditions described below, including the terms and conditions herein, to protect the privacy and confidentiality of individuals and the protection of the data. User verifies that he/she is an authorized user of BioSense and is carrying out authorized public health activities in his/her jurisdiction.

This is a **private** computer system, and is provided only for authorized use. It may be monitored for all lawful purposes, including for management of the system and for protection against unauthorized access. During monitoring, information may be examined, recorded, copied, and used for authorized purposes. All information, including personal information, placed on or sent over this system may be monitored. Use of this system, authorized or unauthorized, constitutes consent to monitoring of this system. Unauthorized access or use may subject you to criminal prosecution. Evidence of unauthorized use collected during monitoring may be used for administrative, criminal or other adverse action.

1. I agree that I will not release or redistribute the data or analyses thereof to others outside of authorized public health personnel without written permission from the [Association of State and Territorial Health Officials](#) (ASTHO) BioSense program officials.
2. I agree that I will make no attempt to identify individuals represented in the data or data sources if not already known except as part of authorized public health follow-up.
3. I will immediately advise ASTHO of any inadvertent identification or disclosure.
4. I agree that I will not use these data where it is prohibited by local or state law or federal law or regulation.
5. I agree that I will transport and use the data in accordance with acceptable practices for ensuring the protection, confidentiality, and integrity of the contents. This includes making no attempt to re-identify the data outside of an authorized public health investigation.
6. I understand that violation of this agreement may result in ASTHO disallowing my access to BioSense.

I have read, and I accept, the terms of the BioSense User Login Agreement.

