

PROCEDURE FOR OBTAINING USER ACCOUNTS FOR THE  
DISEASE REPORTING SYSTEM-INTERNET (DRSi)

INTRODUCTION: Due to Health Insurance Portability and Assurance Act (HIPAA) and the Privacy Act requirements, the Army requires assurance from the requesting command or unit that access to sensitive personal and health information will be protected. You can download a copy of the System Authorization Access Request (SAAR) (DD Form 2875) from the USAPHC website <http://chppm-www.apgea.army.mil/DEP/default.aspx> or email the DRSi HelpDesk at [disease.epidemiology@amedd.army.mil](mailto:disease.epidemiology@amedd.army.mil).

Instructions for Completing and Submitting DD Form 2875

One form per account user must be sent to USAPHC. This form consists of two information pages and one page of instructions. Once the form is verified, USAPHC will activate the user account via phone or email. Users will then sign in and set up their profile and account. “User” is defined as anyone requesting access to the DRSi.

1. Complete blocks 1 through 27, *excluding* blocks 21 through 25.
2. DRSi users are to complete Part I. **Part II must be completed and signed by a Supervisor delegated “By Direction” authority of the Commanding Officer/Officer in Charge.**
3. Users are to provide USAPHC notification of when they will leave or transfer from the command so that access may be terminated.
4. Forms will be maintained by the DRSi Administrator.

There are several options for getting the form to the DRSi HelpDesk. We highly recommend option (a). If these options will not work in your current IT/communications environment, please contact the DRSi HelpDesk at [disease.epidemiology@amedd.army.mil](mailto:disease.epidemiology@amedd.army.mil) or by phone at 410-417-ADRS (2377) / DSN: 867-ADRS (2377).

a. EMAIL – Complete, sign, and scan the form, then send by email to:  
[disease.epidemiology@amedd.army.mil](mailto:disease.epidemiology@amedd.army.mil).

b. FAX – USAPHC will contact the official listed in Part II to verify the request and activate the user account (FAX: 410-436-5449 or DSN 584-5449).

\*If form is emailed by the signing official in Part II – USAPHC will activate the local administrator account immediately.