

Appendix 2

Cross-jurisdictional Data Sharing Agreement

**County Granting Permission for Other Counties to have Access to Orpheus case reports**

I, \_\_\_\_\_ (ORP of \_\_\_\_\_ LHA), agree to grant  
(ORP Name) (Granting County)  
Orpheus case record access to Approved Orpheus Users from the following jurisdictions

- \_\_\_\_\_ Local Health Department,  
(Receiving County)
- \_\_\_\_\_ Local Health Department,  
(Receiving County)
- \_\_\_\_\_ Local Health Department,  
(Receiving County)
- \_\_\_\_\_ Local Health Department  
(Receiving County)
- \_\_\_\_\_ Local Health Department  
(Receiving County)

These users must be in compliance with the Orpheus Security Policies and Procedures, and will have the same disease-group access to Orpheus cases associated with my jurisdiction\* .

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*Users will have access to all the disease groups already established for their jurisdiction.

Exported list from Orpheus: