

Physician Self-Reporting Web Portal Registration Instructions

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Overview

Physician self-reporting enables a physician's office to submit a cancer incident to the California Cancer Registry (CCR) through the CCR - Cancer Reporting Portal, url: <https://cancerreporting.ccr.ca.gov>. This guide provides instructions for the physician registration process on the CCR's Cancer Reporting Portal. If you have any questions regarding these processes, please email CCR at cdsrhelp@cdph.ca.gov.

Physician Web Portal Registration

Prerequisites

Internet connection

Current internet browser

Steps

Navigate to the CCR - Cancer Reporting Portal's website url: <https://cancerreporting.ccr.ca.gov>. On the second option, click on the link here to request an account.



 [Sign In](#)

California Cancer Registry
California Department of Public Health

WELCOME TO THE CALIFORNIA CANCER REGISTRY CANCER REPORTING PORTAL

The California Cancer Registry (CCR) is a population-based, statewide cancer registry that was established in 1968. CCR collects information about most cancers diagnosed in California. All hospitals, facilities, and physicians diagnosing and/or providing treatment to cancer patients are required by law to report cases of cancer to CCR, which includes demographic, diagnostic, and treatment data.

CCR is a program of the California Department of Public Health. CCR monitors the number of cancer cases and cancer deaths in California, examines treatment choices and other predictors of survival, conducts research to find the causes and cures of cancer, and responds to public concerns about cancer.

If you are a physician who diagnoses and/or treats cancer patients, and would like more information on physician reporting of cancer, please review Physician Requirements for Cancer Reporting in California [here](#).

1. If you already have a local account on this portal, please click [here](#) proceed to the sign in page.
2. If you are a physician and would like to register to electronically report cancer cases, please click [here](#) to request an account. Upon receipt of your registration you will be contacted by CCR staff to set up your account.
3. If you have been contacted by CCR to provide additional information related to a cancer case, and you received an invitation code, click [here](#).

Warning : This is a California Cancer Registry system that is for official use by authorized users and is subject to being monitored and/or restricted at any time. Minimum Requirements for access include compliance with the current CCR Information Security Policy, the machine you are using is protected by a firewall, is malware free, has running anti-virus software with current signatures, and any confidential information that you access that is stored on any device or media outside the Registry facilities is in password protected encrypted format. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. **CLOSE THIS PAGE.** If you are not an authorized user or you do not agree to the conditions stated in this warning.

The Physician Registration Form is displayed. Next, complete the Physician Registration Form.

NOTE: Users can access the user guide by clicking on the link, here, on the top of the page below the form name.

Section 1 of 3: Reporting facility information

Users should search for the provider's facility by clicking on the search icon.

Reporting facility: Is the provider's facility.

Physician Registration Form

If you need help registering, please review the user guide [here](#).

SECTION 1 of 3: Reporting facility information

Search for reporting facility:



If you are unable to find your reporting facility in the search above, please complete the following fields:

Facility Name

Street

County Lookup



City

Phone

State



ZIP/Postal Code

The Lookup Records search dialog box is displayed.

| ✓ Name ↑ | Abbreviation | Reporting Source Number | Reporting Source Type | Address 1 | City | County | State | Zip |
|---|--------------|-------------------------|-----------------------|-----------------------|------------|----------------|-------|-------|
| EMERITUS AT RANCHO SOLANO - FAIRFIELD | | 4880400001 | Nursing Home | 3350 CHERRY HILLS CT | FAIRFIELD | SOLANO CO. | CA | 94534 |
| I-MEI HSIU - ELK GROVE | | 3480300474 | Medical Office | 8170 LAGUNA BLVD #215 | ELK GROVE | SACRAMENTO CO. | CA | 95758 |
| Memorial Care Surgery Center Newport-Mesa | | 0000300023 | Surgery Center | 1640 NEWPORT BLVD | COSTA MESA | ORANGE CO. | CA | 92627 |
| MICHAEL | | 2980300059 | Medical Office | 105 MARGARET LN | GRASS | NEVADA CO. | CA | 95945 |

Next, users should conduct a search and select the appropriate facility from the displayed search results, by clicking once on the facility and then click on the Select button.

Once selected the users are redirected to the Physician Registration Form with the Reporting Source search field prepopulated with the selected information.

Physician Registration Form

If you need help registering, please review the user guide [here](#).

SECTION 1 of 3: Reporting facility information

Search for reporting facility:

EMERITUS AT RANCHO SOLANO - FAIRFIELD

If you are unable to find your reporting facility in the search above, please complete the following fields:

| | |
|----------------------|----------------------|
| Facility Name | Street |
| <input type="text"/> | <input type="text"/> |
| County Lookup | City |
| <input type="text"/> | <input type="text"/> |
| Phone | State |
| <input type="text"/> | <input type="text"/> |
| | ZIP/Postal Code |
| | <input type="text"/> |

If the provider's facility is not found, then fill out Section I.

Physician Registration Form

If you need help registering, please review the user guide [here](#).

SECTION 1 of 3: Reporting facility information

Search for reporting facility:



If you are unable to find your reporting facility in the search above, please complete the following fields:

Facility Name

Street

County Lookup



City

Phone

State

ZIP/Postal Code

Section 2 of 3: Physician information

Users should search for the physician by clicking on the search icon.

Physician: Is the physician at the facility who will be submitting the cancer incidents.

SECTION 2 of 3 : Physician information

Search for physician:



Phone Number *

E-mail *

* Required

If you are unable to find the correct physician in the search above, please complete the following fields:

Physician First Name

License State

Physician Last Name

License Number

Physician Middle Name

Specialty

NPI Number

The Lookup Records search dialog box is displayed.

Lookup Records

Search

| ✓ Full Name ↑ | License State | License Number | Specialty 1 | Specialty 2 | NPI Number |
|---------------|---------------|----------------|-------------|-------------|------------|
| ✓ aa | CA | A7994562 | | | |
| A ABBEY | CA | D0013593 | | | |
| A AHMED | CA | A0030485 | | | |
| A AKBAR | CA | A0061007 | | | |
| A ALI | CA | A0035464 | | | |
| A AMINIAN | CA | A0040672 | | | |
| A BARBER | CA | G0057676 | | | |

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Remove Value

Select

Cancel

Users can search by typing the Physician's Name (first and/or last name) or the physician's California License Number, in the search field and clicking on the search icon.

NOTE: To search with a license number, please precede the license number with an asterisk, for example: *123456

Next, users should select the appropriate physician from the displayed search results, by clicking once on the physician's name and then click on the Select button.

Once selected, the users are redirected to the Physician Registration Form with the physician's search field pre-populated with the selected information.

SECTION 2 of 3 : Physician information

Search for physician:

Phone Number *

E-mail *

* Required

If you are unable to find the correct physician in the search above, please complete the following fields:

| | |
|-----------------------|----------------|
| Physician First Name | License State |
| Physician Last Name | License Number |
| Physician Middle Name | Specialty |
| | NPI Number |

Next, users should fill out the required fields denoted with an asterisk (*).

If the physician's information is not found, then users should fill out Section 2.

SECTION 2 of 3 : Physician information

Search for physician:

Phone Number *

E-mail *

* Required

If you are unable to find the correct physician in the search above, please complete the following fields:

| | |
|-----------------------|----------------|
| Physician First Name | License State |
| Physician Last Name | License Number |
| Physician Middle Name | Specialty |
| | NPI Number |

Section 3 of 3: Authorized contact for cancer reporting

By default the Authorized Contact in Section 3 of 3 has "Myself" selected. Users can change this option depending on their sign-up needs.

SECTION 3 of 3 : Authorized contact for cancer reporting

Who will sign in and report your cases on this portal?
☒ Myself ☐ My Authorized Contact Below

My authorized contact

| | |
|----------------------|----------------------|
| Last Name | Phone |
| <input type="text"/> | <input type="text"/> |
| First Name | Email |
| <input type="text"/> | <input type="text"/> |
| Middle Name | |
| <input type="text"/> | |

[Privacy & Terms](#)

Next, complete the challenge question and then click on the Submit button to send the Physician Registration Form. *NOTE:* The password for the challenge question at the end of the form is not case sensitive.

The Physician Registration Confirmation and Instructions screen is displayed advising users that a representative from CCR will contact them in one to two business days, and will provide additional information on account setup once CCR has verified their information.



Physician Registration Confirmation and Instructions

The information you have entered has been submitted. Once your information has been verified, a representative from the California Cancer Registry will contact you in one to two business days to setup your account.

Upon verification of registration information by CCR, the Physician User will receive an e-mail with a link for account registration and an invitation code from CCR.

From: # Doc California Cancer Registry [mailto:ccr@ccr.org]
Sent: Friday, December 02, 2016 5:25 PM
To: John Doe <jdoe@ccr.org>
Subject: Thank you for your Cancer Reporting Enrollment



California Cancer Registry
California Department of Public Health

Notification for Cancer Reporting

THIS IS A TIME-SENSITIVE REQUEST
PLEASE SET UP YOUR ACCOUNT WITHIN 2 WEEKS

Attn: J DOE Link to Register

The California Cancer Registry (CCR) welcomes you to the CCR. **Required Physician Cancer Reporting Portal** (<https://ccr.org/portal/physician-reporting-portal>). To create an account on this portal, you will need to register by using the following invitation code:

Invitation Code
#Hua632-08b5-4786-696e-af6da6

Note: If you do not see an invitation code above, please contact your local cancer registry.

CCR is a statewide population-based cancer surveillance system, and the information collected is used to develop strategies and policies for prevention, treatment, and control of cancer. The availability of data on cancer in the state allows health measures to analyze demographic and geographic factors that affect cancer risk, early detection, and effective treatment of cancer patients. The data also help determine where early detection, educational, and other cancer-related programs should be developed. Cancer is a reportable disease in California, pursuant to California Health and Safety Code sections 103875 - 103885, and CCR is the repository for this data.

Thank you for your cooperation.

California Health and Safety Code sections 103875-103885 does not require written or verbal patient consent to report, and specifically exempts physicians from any legal action or damages from meeting their legal obligation to report cancer cases. For more patient notification materials that can be used to inform patients that their cancer information is being forwarded to CCR, please visit <http://www.ccr.org/ccr/physician-reporting-portal>.

CONFIDENTIALITY NOTICE: The information contained in this e-mail is private and confidential information and intended only for the use of the recipient named above. The authorized recipient is prohibited from disclosing the information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you, the reader, are not the intended recipient, you are hereby notified that any dissemination, distribution, or action taken in reliance on the contents of any part of this communication is strictly prohibited. If you have received this communication in error, please destroy the information and notify

Copy the Invitation Code and click on the account registration link in the email. Sign up with an invitation code is displayed in the browser. Copy and paste the invitation code in the Invitation Code field.

Sign In

California Cancer Registry
California Department of Public Health

Sign In Redeem Invitation

Sign up with an invitation code

Invitation Code

☐ I have an existing account

Register

Click on the Register button to set up your portal account. Then create a username and password for your account, and then click on the Register button.



[Sign In](#)

California Cancer Registry

California Department of Public Health

[Sign In](#) [Redeem Invitation](#)

Redeeming code: 2b4f1a51-c9eb-476c

Register for a new local account

Username

Password

Confirm Password

[Register](#)

NOTE: The password must have at least one non-letter and non-digit character. Passwords must have at least one uppercase ('A'-'Z') letter.

Finally, create your Profile and click on the Update button to register the changes.



California Cancer Registry
California Department of Public Health

[User Profile](#)



[Profile](#)

[Security](#)

[Change Password](#)

[Change Email](#)

[Change Mobile Phone](#)

[Change Two-Factor Authentication](#)

Please update your profile. After updating your profile, you might be asked to confirm your Email. Once your e-mail is confirmed, you will see the options to either report "Cases with Missing Data" or to "Submit New Case."

You must complete your profile before using the features of this website.

Your Information

First Name

E-mail *

Last Name

Phone Number *

Middle Name

[Update](#)

Upon completion of the above step, the browser redirects the user to the CCR - Cancer Reporting Portal and the top right of the screen will display the user as being logged in, and users can now submit a new case.



CCR
California Cancer Registry
California Department of Public Health

John Snow

Cases with Missing Data **Submit New Case**

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