



USER CONFIDENTIALITY AND SECURITY AGREEMENT

A User Agreement is required for each individual accessing USIIS.

The information in the Utah Statewide Immunization Information System (USIIS) contains data about individuals that is to be treated in a manner so as to preserve the confidentiality of the individuals. As a USIIS User:

1. I will use USIIS only for the receipt and input of patient and/or vaccine information.
2. I will access USIIS only for the health care needs of patients or to meet reporting requirements.
3. I will adhere to the requirements in the USIIS Confidentiality and Security Policy.
4. I will safeguard my Login ID and Password against use by another individual.
5. I will avoid any action that would provide information to others which would identify individuals reported in USIIS records unless specifically authorized.
6. I will NOT make copies of an individual's USIIS record except as authorized in the Confidentiality and Security Policy.
7. I will only discuss information on a USIIS record as is necessary for medical care and never in a manner or location that would reveal the individuals identity to unauthorized individuals.

The information received in USIIS is important for patient care, legal, statistical and research purposes. It is essential that the general public is confident USIIS users respect their privacy and maintain confidentiality of the information within USIIS. Statutory and regulatory requirements make it essential that users follow the rules outlined above. Your cooperation and assistance in maintaining the confidentiality is vital. A violation of this confidentiality agreement is grounds for disciplinary action, which may result in dismissal from using USIIS and/or legal prosecution.

I have read the above information and it has been reviewed with me by UDOH staff or clinic staff for USIIS. I understand the importance of and agree to uphold the confidentiality rules of USIIS.

Date: _____ Clinic Name: _____

Clinic Address: _____

PROGRAM USE ONLY
Date: _____
UDOH Staff Signature: _____

USIIS Provider ID: _____

User's Name (print): _____
First Middle Last

User's Signature: _____

User's Date of Birth: _____
mm/dd/yyyy

User's Occupation: _____

User's E-Mail Address: _____

User's Work Telephone Number: _____

Are you a Vaccinator? Yes No

Mail to: Utah Department of Health Immunization Program PO Box 142001 Salt Lake City, UT 84114-2001

USIIS Form 2 01/2009

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Please Choose: (Login and Password are Case Sensitive. Please Print Clearly)

Your Login ID: _____

Your Password: _____