ALERT IIS
800 NE Oregon Street, Suite 370
Portland, Oregon 97232
Phone: (800)980-9431
Fax: (971)673-0276
Web: www.alertiis.org
Email: alertiis@state.or.us

Authorized User Agreement – Individual User

To be kept on file with System Administrator/SuperUser onsite

ALERT Immunization Information System (IIS) is a statewide registry that records vaccinations administered in Oregon. State law[1] and Oregon Administrative Rules[2] cover collection and release of information in ALERT IIS. By law, information is confidential and can only be shared with authorized users, including an individual's health care provider, school, childcare facility, insurer, local health department, the individuals themselves or their parents if the person is a minor. Though information is confidential, the law allows providers to share this immunization information with ALERT IIS without consent. Information from ALERT IIS may not be used in any way to penalize an individual or organization.

As a condition of receiving immunization information from ALERT IIS as an authorized user (defined in ORS 433.090), users must agree to the following:

1. Only access immunization information in ALERT IIS for individuals under their care.
2. Read and abide by the ALERT IIS Confidentiality Policy.
3. Abide by all security policies and procedures, including safeguarding user name(s) and password(s) against unauthorized use.
4. Permit the ALERT IIS Director to monitor and audit users' use of the system.
5. Access records only under the user's own user name and password.

Failure to abide by this agreement may result in immediate termination, suspension or revocation of access to ALERT IIS. Misuse of ALERT IIS data will be reported to the appropriate licensing body.

First Name:_____ Middle Initial: _____ Last Name:_____

Name of Site/Organization: _____

Physical Address:_____ City, State, Zip:_____

Mailing Address:_____ City, State, Zip:_____

Phone:_____ Fax: _____ Email:_____

This form **must** be signed by both the user requesting access and the clinic's SuperUser:

*Signature of User:*_____ *Date:*_____

*Signature of SuperUser*_____ *Date:*_____

Note: If requestor's site has a SuperUser who can activate access, this form should be kept on file with the SuperUser and made available to ALERT IIS staff by request for audit purposes. If the requestor's site has no SuperUser, this form can be submitted to the ALERT Help Desk at 971-673-0276.

For Tracking Purposes Only:

Username Assigned: _____ Date Activated: _____ Site's ID Number:_____

User Terminated/Deactivated: ❑ Date: _____

[1]ORS 433.090 to ORS 433.102
[2]OAR 333-049-0100 to OAR 333-049-0130