



Oklahoma State Immunization Information System (OSIIS) AUTHORIZED SITE AGREEMENT

The Oklahoma State Immunization Information System (OSIIS) is a confidential, comprehensive database of immunizations administered to Oklahomans by participating providers. Obtaining user access to OSIIS will provide the site access to immunization information for any person entered into OSIIS. Access to OSIIS is granted only for the purposes of recording and/or verifying immunization requirements. This information is to be shared on an as needed basis only with school officials, public health officials, child care centers, other health care professionals or health institutions, the person's legal guardian, or other institutions required by law to collect immunization records. All records are considered confidential and covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Sites must obtain a written authorization from the individual for the use and disclosure of protected health information unless the disclosure is to the individual for treatment, payment, health care operations or the disclosure falls under a specified exception.

The site will provide staff access to computer equipment and electronic communications necessary to operate OSIIS. The site agrees to enter demographic and immunization information into OSIIS in a timely manner for those receiving immunizations at the site. The Oklahoma Immunization Service will periodically monitor site and user(s) activities related to usage of OSIIS.

The site will assign an OSIIS Site Administrator to be responsible for the site's OSIIS account. The OSIIS Site Administrator will be responsible for the following:

- Activating users and assigning user security within this site;
- Ensuring that each user has signed an OSIIS User Agreement (this agreement will be kept on site by the OSIIS Site Administrator);
- Providing oversight to ensure that users are deactivated when no longer affiliated with this site;
- Ensuring that each staff member requiring access has his/her own user name and password;
- Notifying Immunization Service of any site changes: site name, address, phone/fax number, site administrator or the closing of site.

SITE NAME: _____ **New User:** **Yes** **No**

MAILING ADDRESS: _____ **VFC PIN #:** _____ **OSIIS ID #:** _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

SHIPPING ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: () _____ **FAX:** () _____

SITE TYPE (Please Circle One)

(Please Circle One)

Private Site	County Health Department	Does this site obtain vaccine from the Oklahoma State Health Department?	
FQHC/RHC/IHS	School	Yes	No
Hospital – Private	Child Care Site		
Hospital – Public	State/Federal Agency	If no, will this site be a view only site?	
Military	Public Site	Yes	No

OSIIS Site Administrator Signature: _____

Phone: _____ Name: _____

E-mail: _____ Title: _____

OSIIS Site Administrator #2 (Optional) Signature: _____

Phone: _____ Name: _____

E-mail: _____ Title: _____

FOR OFFICE USE ONLY:
Date Received: _____ Date Entered: _____ ID Assigned: _____ Initials: _____