Immunization Service
Oklahoma State Department of Health

OKLAHOMA IMMUNIZATION SERVICE
1000 N.E. 10TH STREET
OKLAHOMA CITY, OKLAHOMA 73117
Phone: (405) 271-7200
Fax: (405) 271-6133

OKLAHOMA STATE IMMUNIZATION INFORMATION SYSTEM – OSIIS
FACILITY AUTHORIZATION AGREEMENT

Oklahoma State Immunization Information System (OSIIS) is a statewide information system that records vaccinations administered in Oklahoma. By law, information is confidential and can only be shared with authorized users. Obtaining user access to OSIIS will provide the facility 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). Facilities 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 facility will provide staff access to computer equipment and electronic communications necessary to operate OSIIS. The facility agrees to enter demographic and immunization information into OSIIS in a timely manner for those receiving immunizations at the facility. The Oklahoma Immunization Service will periodically monitor facility and user(s) activities related to usage of OSIIS.

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

- Have the ability to activate users and assign user security within this facility;
- Provide oversight to ensure that users are deactivated when no longer affiliated with this facility;
- Ensure that each staff member requiring access has his/her own user name and password;
- Notify Immunization Service of any facility changes: facility name, address, phone/fax number, account administrator or the closing of facility.

FACILITY NAME: **New User:** Yes ◯ No ◯

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

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

SHIPPING ADDRESS:

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

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

FACILITY TYPE ***(Please Check One)***

☐ **Private Facility** ☐ **County Health Department**
☐ **FQHC/RHC/IHS** ☐ **School**
☐ **Hospital – Private** ☐ **Child Care Facility**
☐ **Hospital – Public** ☐ **State/Federal Agency**
☐ **Military** ☐ **Public Facility**

(Please Check One)

Does this facility obtain vaccine from the Oklahoma State Health Department?
Yes ◯ No ◯

If no, will this site be a view only site?
Yes ◯ No ◯

RESET FORM

OSIIS Account Administrator **Signature:** _____
Phone: _____ **Name:** _____
E-mail: _____ **Title:** _____

OSIIS Account Administrator #2 (Optional) **Signature:** _____
Phone: _____ **Name:** _____
E-mail: _____ **Title:** _____

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