



USIIS ID

USIIS Public School District Administration Agreement

SCHOOL DISTRICT INFORMATION (All information is required.)		
School District Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
Mailing Address (if different):		
City:	State:	Zip Code:
USIIS Contact:		
Contact's email address:		
School Information System:		

DISTRICT ADMINISTRATION
Instructions: <i>The district administrator signing the agreement must be authorized and accountable for compliance by the entire district with the conditions outlined in the agreement. The individual listed here must sign the district administration agreement.</i>
Last Name, First, MI:
Title:

DISTRICT ADMINISTRATOR
<i>To participate in and receive access to USIIS, I agree to the following conditions on behalf of all the staff associated with the school district of which I am administrator.</i>

<p>The Utah Statewide Immunization Information System (USIIS) is a confidential computerized immunization information system operated and maintained by the Utah Department of Health (UDOH). It is a tool to aid health care providers and community partners by sharing Utah residents' immunization information. USIIS is only available to authorized users. Immunization records will be included in USIIS unless individuals or parents/guardians withdraw.</p> <p>USIIS is developed under the authority of the following provisions of the Utah Code: Title 26, Chapter 3, Health Statistics; Title 26, Chapter 6, Communicable Diseases Control Act, Section 26-1-17.5; Title 53A, Chapter 11, Part 3, Immunization of Students; and Utah Administrative Rule R386-800 Immunization Coordination.</p> <p>As required by Section 63-46a-3(5), any person who violates any provision of the rule may be assessed a civil money penalty as provided in Section 26-23-6.</p>	
<p>As a condition of participating in USIIS, I agree to the following conditions on behalf of all the staff associated with the public school district of which I am the administrator:</p>	
1.	Use USIIS only for the receipt of student or vaccination information and the input of student and vaccination information.
2.	Access USIIS only when needed to assure adequate immunization of a student, to avoid unnecessary immunizations, to confirm compliance with immunization requirements, and to control disease outbreaks.
3.	Ensure staff safeguard issued USIIS usernames and passwords against use other than allowed by the USIIS User Confidentiality and Security Agreement.
4.	Understand that the information contained in USIIS is the sole property of the State of Utah and is intended for exclusive use by users authorized by the UDOH. Any use, unauthorized disclosure, or dissemination of confidential information is in violation of the USIIS Confidentiality and Security Policy and may result in significant criminal or civil penalties.

5.	Notify the Utah Department of Health of suspected or any knowledge of unauthorized use or disclosure of, or any unauthorized access, or any theft or loss of data.
6.	Notify parents/guardians about the USIIS system and ensure that parental permission is obtained before inputting, providing or submitting student immunization information into USIIS. Permission is required by the Family Educational Rights and Privacy Act (FERPA). Provide information about the right of parents/guardians to withdraw from the system.
7.	Understand that the system cannot be modified or provided to others without the express written consent of the Utah Department of Health. Acknowledge that the system provided by the UDOH and the USIIS database is the property of the Utah Department of Health. The UDOH retains all rights in the system and grants the district a non-exclusive license to use the system.
8.	UDOH may terminate all current and future access to USIIS at any time for failure to comply with these conditions. Or, the district may terminate this agreement at any time.

By signing this form, I certify on behalf of myself and all staff in this facility, I have read and agree to the USIIS enrollment conditions listed above and understand I am accountable for compliance with these conditions.

School District Administrator (print):

Signature:

Date:

*This record is to be submitted to and kept on file with the Utah Department of Health USIIS Program.
A copy of this completed document is considered the same as the original.*

Send emailed form to: usiistracking@utah.gov

or

Send faxed form to: **801.538.9440**

Utah USIIS Program Use Only

Date received: _____

Approved By: _____ Date: _____ UCMS Date: _____