

SCHOOL/FACILITY INFORMATION (All fields must be completed)		
School/Facility Name:		USIIS Facility (provider)ID:
School/Facility Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
School District (if applicable):		
USER INFORMATION (All fields must be complete)		
First Name:	Office Phone:	
Middle Name:	Title/Role at Facility:	
Last Name:		
Maiden/Other Last Name used:	Supervisor's Name:	
Birth Date:	Supervisor's Email:	
*Email:	Supervisor's Phone:	
<p>*Please provide a personal email address that is <u>not</u> a group or business email. In case of login issues, this email will ensure access to your account. This email must be one accessible to you at all times.</p>		

The Utah Statewide Immunization Information System (USIIS) is a confidential computerized immunization information system operated and maintained by the Utah State Department of Health and Human Services (DHHS). USIIS access is available only to authorized users.

USIIS is developed under the authority of the following provisions of the Utah Code: Title 26, Chapter 3, Health Statistics: Title 53A, Chapter 11, Part 3, Immunization of Students; and Utah Administrative Rule R386-800 Immunization Coordination.

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.

USER AGREEMENT	
<i>To participate in and receive access to USIIS, I agree to the following conditions:</i>	
1.	I will use USIIS only for receipt and input of student and/or vaccination information and in accordance with the Family Educational Rights and Privacy Act (FERPA) where applicable.
2.	I will access USIIS only for the healthcare needs of students or to meet reporting requirements.
3.	I will 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.
4.	I have read and will adhere to the requirements of the USIIS Confidentiality and Security Policy.
5.	I will safeguard my user name and password against use by another individual.
6.	I will access USIIS only as an employee of the above named school/facility.
7.	I will not make copies of individuals' records except as authorized in the USIIS Confidentiality and Security Policy.
8.	I will provide USIIS with demographic and immunization information about students receiving vaccinations in the facility. I will submit all immunization information (historical non-administered and/or administered) to USIIS promptly after obtaining it and in accordance with the Family Educational Rights and Privacy Act (FERPA) where applicable.
9.	I will allow parents/guardians to inspect, copy, and if necessary, amend or correct their child's immunization record if he/she demonstrates that record is incorrect. The corrected information shall be entered into USIIS or a local system and sent to USIIS via a data interface, and in accordance with the Family Educational Rights and Privacy Act (FERPA) where applicable.

10.	I will cooperate with the DHHS in notifying individuals or parents/guardians about the USIIS system and provide information about their right to withdraw from the system. Information will be available to individuals and parents/guardians who wish to withdraw. DHHS is responsible for withdrawing the child or individual from USIIS.
11.	I will not sub-license, distribute, sell, supply, modify, adapt, amend, incorporate, merge or otherwise alter the USIIS web-based system. I will not attempt to decompile, reverse engineer, otherwise disassemble or attempt to derive any source code relating to the USIIS service.
12.	I will only discuss information in a USIIS record as necessary to confirm compliance with immunization requirements and never in a manner or location that would reveal the student's identity to unauthorized individuals.
13.	DHHS may terminate current and future access to USIIS at any time for failure to comply with these conditions.

By signing this form, I certify I have read and agree to the conditions listed above and understand I am accountable for compliance with these conditions.

Name: (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.*

Submit via email to: usiistracking@utah.gov