



SAIRS User Security and Confidentiality Agreement

The San Antonio Immunization Registry System (SAIRS) is a confidential, Web-based immunization information system administered by the San Antonio Metropolitan Health District's Immunization Division. SAIRS contains Protected Health Information (PHI) of individuals, which is to be treated in a manner that preserves the confidentiality and privacy of those individuals. PHI is any individually identifiable health information that is transmitted or maintained in any form or media (e.g., electronic, paper, oral) but excludes certain educational records and employment records. PHI includes, but is not limited to, the patient's name, home/work/e-mail addresses, phone/fax numbers, social security number, medical record number, account number, or full-face photographs. This information within SAIRS can be retrieved, reviewed, and updated for the purpose of providing immunization services and immunization-related assessments for individuals.

Please read this statement carefully. All users must read, understand, and sign this agreement before being given access to the San Antonio Immunization Registry System (SAIRS).

As a SAIRS user, you agree to:

1. Comply with the requirements of Texas Health and Safety Code, Chapter 181, Subchapter D, and the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards for Privacy of Individually Identifiable Health Information, (45 CFR, Part 160, and Subparts A and E of Part 164) regarding PHI.
2. Restrict use of SAIRS to accessing information and generating documentation only as necessary to properly conduct the administration and management of your duties as they relate to immunizations.
3. Use SAIRS to access only those records of clients presenting to your facility for services.
4. Access SAIRS only from authorized computer terminals at your facility.
5. Maintain a confidential user password for your personal access only. Passwords must not be shared with any other individuals, including other authorized SAIRS users at your facility. Any written documentation of your password should be maintained in a location that cannot be accessed by other individuals (e.g., in a locked cabinet).
6. Log off from SAIRS at the end of your shift or at any point when you must leave your workstation for an extended period. If you must leave your workstation for a short period of time, the screen saver should be activated. In addition, position your computer monitor in such a manner to prevent unauthorized individuals from viewing SAIRS information on the screen.
7. Protect the privacy of all patients. All authorized users who collect, generate, and/or store PHI in SAIRS have a legal and ethical responsibility to protect the privacy of patient information. Immunization data and other PHI maintained in the registry is confidential and protected by law and by registry policies.
8. Immediately report any breaches or unauthorized releases of confidential information and any threat to, or violation of, SAIRS security to SAIRS staff.
9. Participate in required SAIRS training sessions and remain informed on current related information available on the SAIRS Web site or through SAIRS staff.

As a SAIRS user, you agree **not** to:

1. Access or examine any document or computer record in SAIRS that contains confidential medical information, except on a "need-to-know" basis or in the normal performance of your job duties.
2. Intentionally enter invalid/incorrect data and/or falsify any document or data obtained through SAIRS.
3. Compile any aggregate data or statistics from the program database, except as authorized by the SAIRS Administrator.
4. Remove from a job site any document or computer record (including copies and facsimiles) containing confidential information, unless authorized to do so, or if required in the course of your job duties.
5. Furnish identifiable information or documentation obtained from SAIRS to any individual for personal use or to any entity that is not authorized by statute or proper written consent to receive such information.

First Name		Last Name	
Credentials (MD, DO, PA, NP, RN, LVN, MA, etc.)	Medical License #		State
Business Phone # ()		Fax # ()	
E-mail address			
Have you ever had a SAIRS user account? Yes or No		If Yes, under what name?	
Do you administer immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Roles: Please check all that apply.			
<input type="checkbox"/> Look up/Print Immunization Records		<input type="checkbox"/> Enter Immunization Records	
<input type="checkbox"/> Enter Vaccine Inventory		<input type="checkbox"/> Generate Reports	
Name of facility and VFC PIN#, if applicable. (List ALL facilities for which you need access to SAIRS below).			
Facility:	VFC PIN:	Facility:	VFC PIN:
Facility:	VFC PIN:	Facility:	VFC PIN:
Facility:	VFC PIN:	Facility:	VFC PIN:
Facility:	VFC PIN:	Facility:	VFC PIN:

I have read and understand the SAIRS User Confidentiality Agreement. I understand that records stored in SAIRS are confidential information. Inappropriate use or disclosure of patient information is a violation of state and federal law and may result in civil and criminal penalties and revocation of my and/or my facility's access to SAIRS. I also understand that an electronic record (audit trail) will be created automatically by the San Antonio Immunization Registry System and will document which SAIRS records I have accessed. Access to SAIRS may be terminated for non-use or failure to adhere to this agreement.

By signing below, I understand, and agree to abide by, all terms of the San Antonio Immunization Registry System User Security and Confidentiality Agreement and any applicable state and federal laws regarding Protected Health Information (PHI):

Signature of User	Date
Signature of Facility Authority	Date

Please mail or fax page 2 of the signed SAIRS User Confidentiality Agreement to the address/fax listed below. Keep a copy for your records. For questions and additional information, contact the SAIRS Administrator at: (210) 207-8716, or e-mail SAIRS2@sanantonio.gov

SAIRS Administrator
332 W. Commerce, Suite 108
San Antonio, Texas 78205
Fax (210) 207-0751

For Metro Health Use Only:					
User ID	Group ID	Activation Date	Activated By	Deactivation Date	Deactivated by