



SAIRS User Manual

For all Authorized Users

SAIRS

Version 1.0

SAN ANTONIO IMMUNIZATION
REGISTRY SYSTEM



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

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Revision Log

Version	Date	Description
1.0	10/15/2013	Initial Version of Document



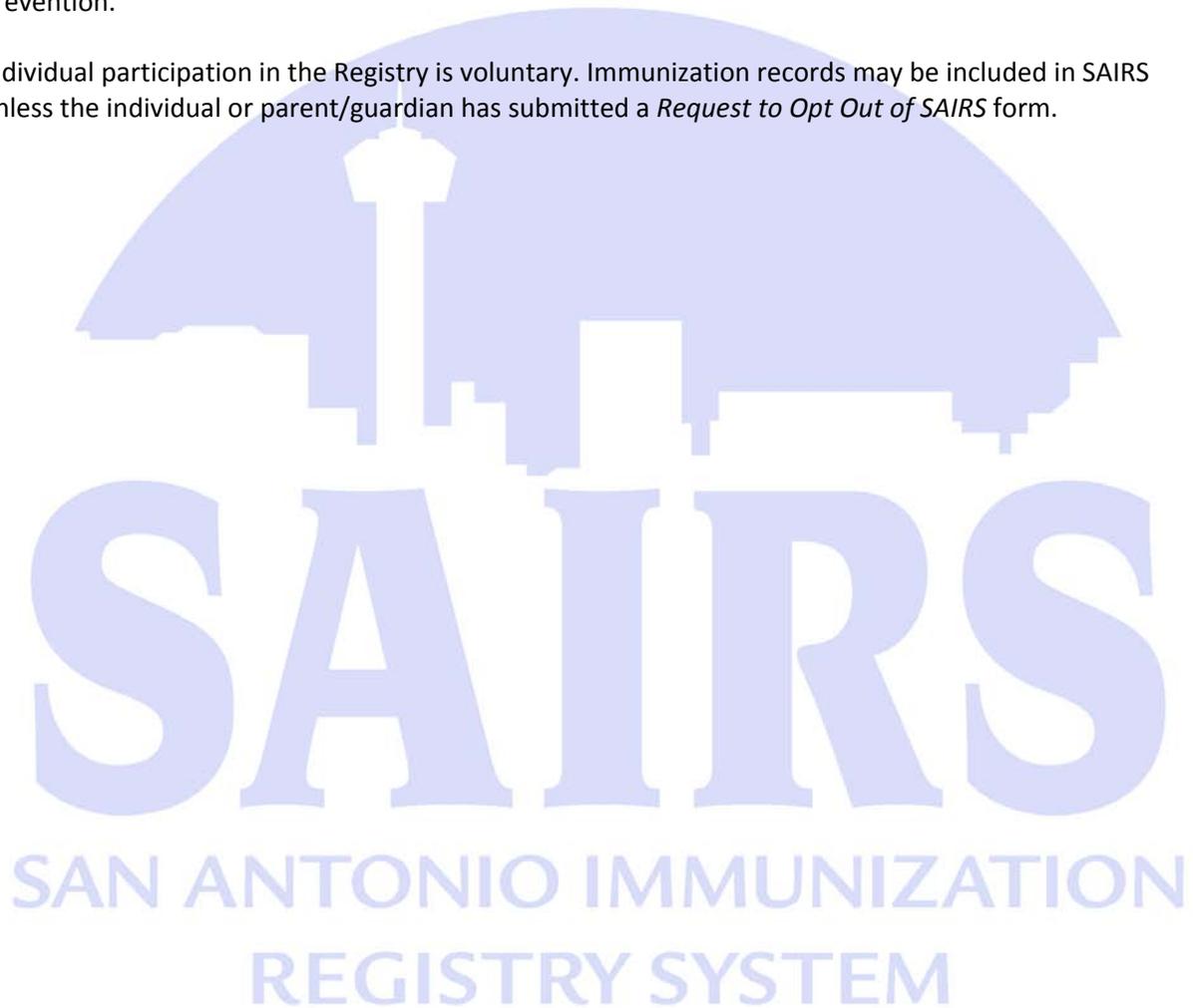
Introduction

SAIRS is a Web-based immunization information system that is capable of establishing and maintaining a repository of lifespan immunization data for the population of the City of San Antonio, Bexar County, Texas, and surrounding areas.

The purpose of SAIRS is to consolidate immunization information among health-care providers, ensure adequate immunization levels, and avoid duplicate or unnecessary immunizations.

SAIRS was developed through the efforts of Metro Health and the Centers for Disease Control and Prevention.

Individual participation in the Registry is voluntary. Immunization records may be included in SAIRS unless the individual or parent/guardian has submitted a *Request to Opt Out of SAIRS* form.



Security

Policy Statement

It is the policy of the Metro Health Immunization Program to comply with the requirements of Texas Health and Safety Code, Chapter 181, Subchapter D, and federal HIPAA Standards for Privacy of Individually Identifiable Health Information (45 CFR, Part 160, and Subparts A and E of Part 164).

Metro Health shall take reasonable measures to protect the health information contained within SAIRS from physical, technical, and administrative loss, theft, and unauthorized use and access.

Uses of Registry Information

Registry information shall be entered by and available to authorized users for the uses defined herein.

1. SAIRS immunization data and other PHI shall be used by authorized users for the purposes of:
 - a) Creating, consolidating, maintaining, and accessing computerized immunization records.
 - b) Tracking and maintaining vaccine inventory information.
 - c) Determining the immunization history of a patient and delivering health-care treatment accordingly.
 - d) Generating reminder notices for patients who are due or overdue for immunizations.
 - e) Generating informational notices to patients who have received a vaccine that has been recalled.
 - f) Assessing the immunization rates of a clinic's patient population.
 - g) Generating official immunization records.
 - h) Ensuring compliance with mandatory immunization requirements for school and childcare centers.
 - i) Recording the distribution and use of countermeasures in response to a public health emergency.
 - j) Fulfilling other purposes determined at the discretion of Metro Health's Immunization Program Manager.

Roles and Responsibilities

All authorized users shall:

- a) Protect registry information from unauthorized access and misuse of information.
- b) Protect each username and password from discovery and never share passwords with anyone.

- c) Access SAIRS only for legitimate immunization purposes relating to the user's job duties. (See Uses of Registry Information.)
- d) Limit unauthorized physical access to computer systems, displays, networks, and immunization records.
- e) Ensure that printouts of SAIRS immunization records and reports are secure from unauthorized access.
- f) Log into SAIRS at least once a month to read current news announcements and prevent deactivation from non-use.

Facility enrollees (e.g., physicians, nurses, clinic staff, and Metro Health staff) shall:

- a) On behalf of the Metro Health Immunization Program, notify patients, parents, or guardians of their right to have their information excluded from SAIRS. Enrollees shall display or provide the attached Disclosure Statement to patients, parents, or guardians.
- b) Shall provide a *Request to Opt Out of SAIRS* form to the patient, parent, or guardian when the patient, parent, or guardian elects to withhold or withdraw information from SAIRS.
- c) Seek patient or parental consent for ImmTrac participation and record consent in SAIRS. The signed ImmTrac consent shall be stored in the patient's file. Metro Health may provide immunization records to ImmTrac, when patient or parental consent has been indicated in SAIRS.
- d) Promptly notify the SAIRS System Administrator when authorized users discontinue employment or require a change in access rights within 2 business days.
- e) Promptly notify the Registry Coordinator or SAIRS System Administrator of any threat to the security and confidentiality of SAIRS information.
- f) Implement reasonable administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of the information contained in SAIRS.

Patients, parents, and guardians shall:

- a) Submit a completed and signed *Request to Opt-Out of SAIRS* form, when electing to opt out of the registry, to

Metro Health -- Immunization Program
SAIRS Opt Out
332 W. Commerce, Suite 108
San Antonio, TX 78205

Note: The registry will retain only core demographic information necessary to identify the patient who has chosen to opt out of SAIRS. This information is necessary to enable the Registry to filter and refuse entry of immunization information for the patient. Additionally, any prior immunization records associated with the client will be deleted from the Registry.

- b) Submit a completed and signed *Request to Opt Into SAIRS* form, when a *Request to Opt*

Out of SAIRS form has been processed and the patient, parent, or guardian wishes to once again participate in the Registry.

Safeguards

In accordance with Metro Health's *Notice of Privacy Practices*, patients may inspect and obtain a copy of their or their child's immunization record. Corrections or amendments to a record shall be made by an authorized user only when the patient or parent/guardian is able to demonstrate, through a credible source, that the record is incorrect. Credible sources include, but are not limited to, immunization records provided by: state, local, or national immunization registries; the patient's doctor; or a hospital.

User access to SAIRS shall be granted only after the user's affiliated organization has completed and submitted a signed *SAIRS Facility Enrollment Form* to the Metro Health Immunization Program and the user has submitted a signed *SAIRS User Security and Confidentiality Agreement*.

The following physical safeguards shall be implemented to ensure the confidentiality, integrity, and security of the information contained in SAIRS.

- a) Users shall ensure that their computer screen is not easily viewable by persons not authorized to view a particular patient record.
- b) Reasonable steps shall be taken to ensure that the SAIRS server environment is protected from unauthorized physical access, tampering, theft, and physical damage, while ensuring that access by properly authorized Metro Health or ITSD employees is granted.

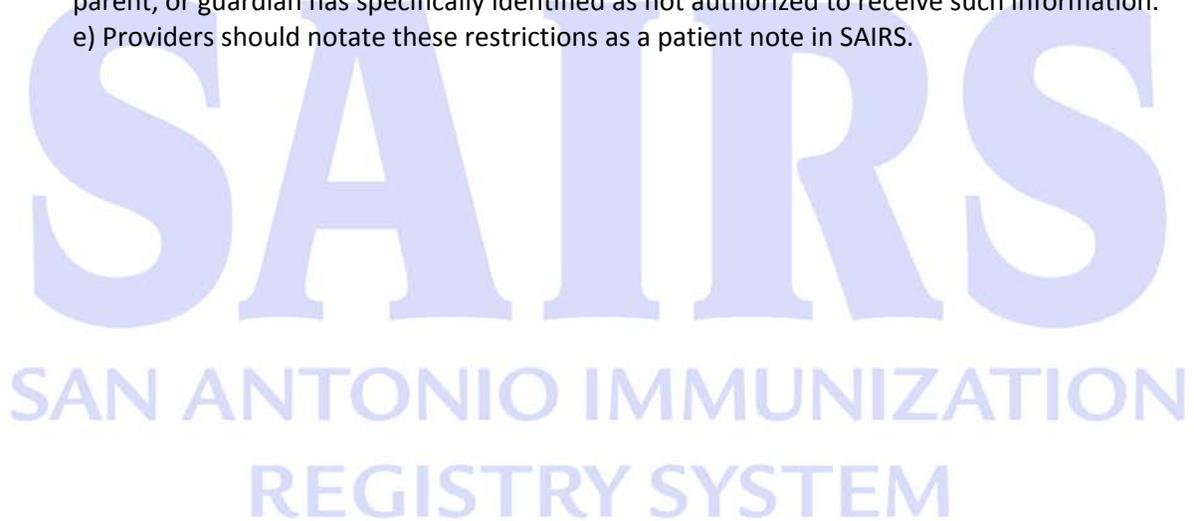
The following technical safeguards shall be implemented to ensure the confidentiality, integrity, and security of the information contained in SAIRS:

- a) Users shall be automatically logged off the Registry after 30 minutes of inactivity.
- b) Unique identifiers and passwords are used to authenticate users and make it possible to hold users accountable for their actions.
- c) SAIRS user accounts shall be automatically locked after three failed password attempts.
- d) SAIRS shall enforce a strong password policy. Passwords shall:
 - (1) be a minimum of eight characters;
 - (2) contain both upper and lower cases;
 - (3) contain at least one number;
 - (4) contain at least one symbol;
 - (5) expire every 120 days; and
 - (6) not be reused for a minimum of 5 occurrences as defined by the SAIRS Administrator.
- e) Application logs shall record all transactions of access to patient information.
- f) All PHI is encrypted before transmission over the Internet. The SAIRS application is secured through the use of an SSL certificate.

General

Recommendations for giving SAIRS Official Immunization Records

- a) The maximum amount that a patient should be charged for a copy of their immunization record is \$6.00.
- b) A copy of the updated immunization record should be provided at no charge to the patient after receiving a vaccine.
- c) All authorized SAIRS users should verify relationship, identification, and age (at least 18) of person requesting an official immunization record. The person may have the record if they are:
 - (1) the patient, if over 18 years old or emancipated;
 - (2) the minor patient's parent or legal guardian;
 - (3) the minor patient's grandparents, brother, sister, aunt, or uncle when presenting the patient for vaccine administration (the presenting relative must be at least 18 years of age);
 - (4) any person who can produce a written authorization from the patient, parent, or guardian. (The authorization must include the patient's name, date of birth, current address, a telephone number to confirm authorization, and the patient's health-care provider's name.)
 - (5) Pregnant minors/minors with children can consent to vaccines recommended for 7 years olds and under.
- d) SAIRS users shall not provide any personal health information to persons whom the patient, parent, or guardian has specifically identified as not authorized to receive such information.
- e) Providers should notate these restrictions as a patient note in SAIRS.



Enrollment Procedures

Eligible Facilities

Only organizations with a legitimate purpose for adding, updating, reviewing, or printing immunization records are permitted to enroll in SAIRS. Legitimate purposes include, but are not limited to, vaccine administration and immunization assessment for school or day care admittance.

The most common types of eligible organizations are medical practices (Pediatrics, Family Practice, OB/GYN, etc.), hospitals, community clinics, Federally Qualified Health Centers, state and local health departments, schools, day care facilities, and pharmacies.

Facility Enrollment Form

General Instructions

If your organization administers vaccines, an enrollment form should be completed for each clinic associated with your medical group or corporation. For example, a pediatric group with three locations would complete an enrollment form for each location.

If your organization does not administer vaccines and view-only access is needed, only one enrollment form should be completed for your organization, regardless of the number of locations. For example, a school district needs to complete only one form for all of the district's campuses. (If you are a school district that administers vaccines, please contact the SAIRS System Administrator at (210) 207-8716 for special instructions.)

Facilities will be required to renew their enrollment periodically.

Section 1: Facility and Contact Information

Enrollment Type: Please check *New Enrollment* if your facility is not currently enrolled in SAIRS, check *Remove Enrollment* if you wish to deactivate your enrollment, or check *Change/Renew Enrollment* if you wish to change or continue your SAIRS enrollment.

Facility Name: Print the name of your facility. If you are a part of medical group or corporation with multiple locations, please make a distinction in the *Facility Name*, for example, XYZ Pediatrics – Main St.

TVFC PIN#: If you participate in the Texas Vaccines for Children (TVFC) program, please provide your assigned TVFC PIN#.

Type of Facility: Please check one. If you check "other," please specify the type of facility.

Medical Group: If your facility is associated with a medical group or corporation, please print the group name, for example, XYZ Pediatrics Group. If you do not provide a group name and have multiple facility locations, you will be unable to run reports at the group level.

Facility Address: Print the physical address for your facility. If the mailing address is different than the physical address, please provide the mailing address in the space provided.

Contact Information: Each facility must designate a primary and secondary contact to serve as official representatives for your organization. The primary contact should be either the facility manager or prescribing physician; the secondary contact should be a staff member who can take over for the primary contact. Print the contacts' business telephone numbers, office fax numbers, and the e-mail addresses in the provided spaces. If you do not have an e-mail address, it is highly recommended that you acquire one from one of the many free e-mail services available over the Internet. Please note that the e-mail will only be used to send non-confidential information regarding future SAIRS events and informational correspondence. Your e-mail will not be shared with any other entity outside of the San Antonio Metropolitan Health District (Metro Health).

Administering Immunizations: If your facility administers vaccines (even if you only administer the flu vaccine), check *Yes*. If your facility does not administer vaccines, check *No*.

Section 2: Vaccine Reporting Method

The reporting method is how your facility will submit vaccine administration data to Metro Health. There are three methods for reporting vaccines:

- 1. Direct Data Entry:* This reporting method provides you with the most control over your patients' registry records. With this method your staff can log on to SAIRS and enter and update patient vaccine records.
- 2. HL7 Data Exchange:* HL7 (Health Level 7) is an international standard for exchanging health-related information between organizations and medical applications. The SAIRS technical team will work directly with your Electronic Medical/ Health Record (EMR/ EHR) or Practice Management (PM) systems vendor to establish the data exchange. Provide your EMR/EHR/PM vendor contact information in the space provided. If you select this method but do not provide your vendor information, the direct data entry method will be assigned to your facility. For facilities electing this option and providing vendor contact information, paper submissions will be accepted during the transition to HL7 interface or you may choose to use the direct entry method.
- 3. Paper Submission:* The SAIRS Team recognizes that some facilities may not currently have the computer infrastructure to enter data directly or submit data electronically. If your facility wishes to continue submitting registry data via paper submission, you will need to complete and submit a SAIRS Direct Entry Exemption Form. Include in your justification the approximate number of patients currently serving. This form is subject to approval by the SAIRS Administrator.

Section 3: Inventory Type

If your facility administers vaccines, you must complete this section.

A utility to track your vaccine inventory is built into SAIRS. There are three options for tracking inventory. Select the method appropriate for your facility.

Type 1 – No SAIRS Inventory Control

Select this option if you intend to submit vaccine records via HL7 data exchange. If you have obtained approval to be exempt from direct data entry, you may select this option. A SAIRS Direct Entry Exemption may be given to a facility that is unable to perform direct entry due to lack of computer infrastructure.

Type 2 – Partial SAIRS Inventory Control

Under this option, the facility enters manufacturer, lot number, expiration date, and funding source for each vaccine in stock. Facility users are then able to select the vaccine from a drop-down list when a dose is administered. Unlike the full inventory control, partial inventory control does not keep track of remaining inventory, waste, or doses used; however, this option will support vaccine recall. If you do not wish to use the full inventory control but will be directly entering vaccines administered, select this option. Training for this option will also be available from the SAIRS Team.

Type 3 – Full SAIRS Inventory Control (Recommended)

This is the preferred method of inventory tracking if your facility will be entering vaccines directly, especially if you use TVFC vaccine. The full inventory control tracks manufacturer, lot number, expiration date, funding source, and number of doses. When you administer a vaccine, you simply choose from the vaccines you have entered into your inventory. Several inventory reports are available to help you reconcile inventory or submit for TVFC compliance. While this type of inventory control requires some diligence and effort to record inventory and to perform periodic reconciliations, it will enable you to easily document waste, prevent and control use of expired vaccine, perform vaccine recall easily, and estimate vaccine needs. If you choose this method, the SAIRS Team will work closely with your staff to help you transition to this type of inventory control.

Section 4: Authorizing Physicians

Please list the name, medical license number, and licensing state for each physician under whose authority vaccines are administered.

Section 5: Signature

After reading the terms of SAIRS Facility Enrollment, please sign and date at the bottom of *Section 5*. This section must be signed by someone with the authority to enroll the facility into SAIRS, such as a managing physician or facility manager/administrator.

Submission of Enrollment Form

You may either mail your enrollment form to the San Antonio Metropolitan Health District – SAIRS at 332 W. Commerce St., Suite 108, San Antonio, TX 78205, or fax it with a cover sheet on facility letterhead to (210) 207-0751.

User Security and Confidentiality Agreement

To establish a user account please read, complete, sign, and submit the User Security and Confidentiality Agreement (User Agreement). The User Agreement must also be signed by the facility manager/physician authorizing access. This should be the same person who signed Section 5 of the Facility Enrollment Form. Facility managers/physicians should only authorize individuals who have a legitimate immunization-related purpose. The SAIRS Administrator will only issue individual user accounts. Shared accounts are prohibited. Access will only be provided after receipt of the User Agreement.

NOTE: All SAIRS Users must log in to the system at least once a month to avoid being deactivated for non-use by the SAIRS Enrollment and Security Team.

When completing a User Agreement:

- a) Print clearly.
- b) Please provide the user's e-mail address. It may be either a business or personal address. Metro Health respects privacy and will not share e-mail addresses. The sole purpose of this information is to communicate with the user regarding SAIRS.
- c) Indicate *Yes*, if the user administers vaccines to patients. Users who indicate *Yes* can be selected from a drop-down list to populate the "GIVEN BY" field when entering an immunization event. The drop-down list will only display users associated with a given facility. Users who indicate *No* will NOT be included in the drop-down list.
- d) Please provide an identifier such as Employee ID or Date of Birth. This information will be used for the sole purpose of identifying the user when he/she calls the SAIRS Help Desk for account assistance.
- e) Check each role that the user performs. Your access to SAIRS will be based on the roles checked.
- f) Each user must be associated with at least one facility. If the user works from multiple facilities, please list all facilities. If your facility participates in the Vaccines for Children (TVFC) Program, please indicate the facility's TVFC PIN#.
- g) Ensure that the user signs and dates the agreement.
- h) Ensure that the facility manager or authorizing physician signs and dates the agreement.

i) It is recommended that the user retain a copy of the agreement for his/her personal records and a copy of the agreement be placed in the user's personnel file.

Mail the completed User Agreements to the San Antonio Metropolitan Health District – SAIRS at 332 W. Commerce St., Suite 108, San Antonio, TX 78205, or fax it with a cover sheet on facility letterhead to (210) 207-0751.

The SAIRS System Administrator will provide access in the following manner:

- a) Only users associated with facilities that administer vaccines and perform direct entry will be given access to update patient and immunization information.
- b) Only users associated with facilities that administer vaccines and perform direct entry will be given access to the inventory utility.
- c) Users associated with facilities that do not administer vaccines will be given view-only access to SAIRS.
- d) Staff who administer vaccines but don't need to utilize the system (i.e. for direct entry purposes, this person needs to have a SAIRS account so that their name appears as a vaccine administrator) will not be given any privileges within SAIRS but will have an account that will not be deactivated for non-use by the Enrollment and Security Team.

Facilities desiring specialized access should contact the SAIRS Administrator at (210) 207-8716.

The SAIRS System Administrator will provide the user's log-on and initial password to either the user's email provided on the form or to the facility's primary contact. Users will be required to change their passwords when they first log on to SAIRS.



Direct Entry

General Information

User training for direct entry is provided online at: <http://www.sanantonio.gov/health/Immunizations-SAIRSprovidertraining.html>.

If in-office training is necessary, the Facility Authority/ Primary contact should set up an appointment with a member of the SAIRS Provider Relations Team.

The SAIRS team will advise your clinic location when paper submission can stop. This will be your “Go Live” date.

Once you are advised to stop paper submission, SAIRS no longer needs those consent forms from your clinic. However, if you are a TVFC provider, remember that you still must meet all TVFC documentation requirements such as TVFC eligibility, vaccine consent, vaccine refusals, VIS date, etc.

If SAIRS is ever down temporarily or unavailable (i.e. office internet connectivity issues), you can use the SAMHD consent form and

- a) Use for data entry once system recovers, OR
- b) Submit by mail.

Please be sure to notify the SAIRS Team.

SAMHD will no longer accept patient immunization record requests from your office.

All clinic staff who administers vaccines MUST have a user account. To avoid deactivation, please let the SAIRS Team know if these people will not be actively utilizing the account.

Always check that your provider/clinic is correct when you log in, especially if you work at multiple clinic locations.

Data Quality

Good search practices

SAIRS contains over 1.3 million patient records, so search again before you decide to create a new patient record.

For child patients- Unless your patient was not born in Bexar County, it is highly unlikely that the patient needs a record created in SAIRS. Patients born in Bexar County after **February 1, 2012** automatically have a record created from Vital Statistics.

To avoid creating a duplicate record, please practice the following search tips:

- a) For the first search, use only the first two letters of the first and last name.

b) Narrow the search further using:

- First two letters of first and last name+ DOB
- First Name+ Last Name
- First Name + DOB
- Ask parent about any name changes
- Try searching by Medicaid ID

c) If the patient was born recently in Bexar County and the record is not in SAIRS- make sure it's been 30 days since the date of birth before creating a new record. This gives Vital Statistics time to upload the birth information. Even if your practice gave the birth Hepatitis B dose, *please wait until the 1 month old visit before creating a SAIRS record.*

d) If the name in SAIRS is misspelled- fix the existing record- do not create a new one.

e) If the patient is married and grew up in Bexar County, search using their maiden name.

Patient Demographics

Try to capture as much demographic information as possible in SAIRS- this will help determine if a duplicate record for that patient needs to be combined. This is extremely important for adolescents and trying to match them up with their child immunization record.

Good things to update on the Patient Demographics page at every patient visit:

- a) TVFC eligibility: MUST be updated BEFORE adding any vaccine information.
- b) Current mailing and physical address
- c) Medicaid ID or other insurance policy number (can search for patient by Medicaid ID if you put it on their demographics page.)
- d) Guardian information
- e) Mother's maiden name (last name before first marriage)
- f) Phone number
- g) If the patient is part of a multiple birth
- h) Local id (can search for patient by your clinic's local id if you put it on their demographics page.)

If after searching multiple times and ways, you need to create a new patient record:

- a) Use the legal name only. Use the *alias* field for other names.
- b) Add all of the information listed above (A-H).

If the patient was recently adopted:

- a) Collect copies of court order and other legal documentation first.
- b) Change the demographics page to reflect the new name, address, etc.
- c) Do not leave any demographic information from before the adoption.

If you find a duplicate record for your patient in SAIRS:

To get the records combined as soon as possible: call the help desk with the SAIRS patient IDs of the record to keep and the record to delete (vaccine info will be combined with the keep record.)

To get the records combined at a later time by SAIRS staff:

- a) Select the record to keep.
- b) Click “Duplicates”.
- c) Click the magnifying glass icon to search for the duplicate record and double click the record.
- d) The duplicate patient should show up in the “Patient ID” field.
- e) Click “Add to Duplicates”.

This duplicate record will be added to the system report that is run daily by SAIRS Staff who review and combine the potential duplicate patients.

Patient Immunizations

Once your clinic starts direct entry, you have taken ownership of your patients’ immunization records, therefore the quality of the data going into the registry is extremely important and *your responsibility*.

Remember- adding a vaccine to a patient’s immunization record is a two step process:

- 1) Add Vaccines
- 2) Administer Vaccines

The vaccine will not go on the official record until both steps are complete.

Remember to add immunization history if any vaccines are not already on the SAIRS record!

Good tips for great data quality:

- a) Make sure the correct date of administration is selected at the Add Vaccines step. This is the date that the vaccines were administered to the patient, not necessarily the current date. Be sure to check the year as well.
- b) Ensure that all users are selecting the correct vaccine lot number and funding source at the Administer Vaccines step and updating VFC eligibility on the Demographics page first.
- c) Use the correct body site codes and routes. (See appendix for list of codes.)
- d) Check the defaulted dosage at the Administer Vaccines step. It may need to be adjusted for the influenza vaccine.
- e) Run the Vaccines Added but Not Administered report daily, weekly, or at least monthly:

*This report will show if any user did not complete the Administer Vaccines step. Any results on this report need to be investigated and corrected- these vaccines will not show on the official immunization record.

If the vaccine WAS administered, then complete the step.

If the vaccine was NOT administered, then go back and delete the vaccine from the immunization record.

If the vaccine WAS administered, but the lot number does not show up as an option on the Administer Vaccine screen, then check if it is still in your working inventory and have your inventory person add it in SAIRS. If it has expired or depleted- then delete the vaccine and add it using the Add History page.

- f) Utilize the Recommender Tool that shows what vaccines are due for that patient. This is a great tool to help staff understand the ACIP Recommended Immunization Schedules but this should never replace medical decision making. This tool is also helpful for staff who schedule next patient appointments.

Requirements

- 1) *Timeliness:* All administered vaccines must be entered on to the patient records in SAIRS within 5 business days from the date of administration. The best practice is to enter the vaccine information the same day that the event occurred.
- 2) *Documentation:* All direct entry TVFC providers must stay compliant with the TVFC documentation requirements. Please direct questions regarding documentation to your TVFC contact.

3) *Data Quality*: If the SAIRS Team identifies any data quality issues, these must be corrected within 2 days of the notification.

Contact Person

The contact for your facility:

- a) Serves as the liaison between the SAIRS Team and the rest of the direct entry facility's users.
- b) Should have the ability to make decisions for the facility as far as vaccines are concerned.
- c) Is the primary and secondary contact on the Enrollment Form.
- d) Will notify the SAIRS Team if any of the contact people no longer work at the facility. The secondary contact will take over as the primary contact and a new secondary contact needs to be assigned.

As a primary or secondary contact for your clinic, you are expected to:

- a) Address data quality issues within 2 days of notification by SAIRS Team.
- b) Notify the SAIRS Team of deactivated user accounts within 2 days of the user's last work day.
- c) Provide an active email account and check the inbox at least weekly. Any communication via email from the SAIRS Team will be sent securely.
- d) Attend SAIRS-hosted user group meetings.
- e) Have the authority to sign/ authorize user agreements.
- f) Run the Vaccines Added but Not Administered report at least monthly. (See Patient Immunizations section)
- g) Check the inventory in SAIRS for accuracy.

Inventory Requirements

If you are doing direct entry, you must choose an inventory type. For descriptions, please see the Facility Enrollment Form section. The SAIRS Team suggests starting out with Partial Inventory (Type 2) to get used to direct entry. Once you feel comfortable, you may be upgraded to Full Inventory (Type 3).

For both direct entry inventory types, please follow these tips to prevent issues:

- a) Add all received inventory on the same day of receipt.
- b) Delete depleted and/or expired inventory on the day of occurrence.

- c) Take care in selecting matching NDC numbers and entering correct lot numbers.
- d) Check the defaulted route for accuracy.
- e) Add all inventory from all funding sources.

Full Inventory Requirements

Tracking vaccine inventory to the dose-level requires attention to detail and great communication among all vaccine administrators. Full inventory providers must reconcile their inventory at least monthly. This process is like balancing a checkbook.

Please follow these tips to prevent an unbalanced inventory:

- a) Adjust for wasted and mishandled doses the same day of occurrence.
- b) Be mindful of dates. Accidentally typing in the wrong month or year can mess up your reconciliation since it only looks at transactions during a certain date range.
- c) Adjust for extra doses the same day of occurrence. A best practice for tracking these doses is to keep tick marks on the vial.
- d) TVFC transfers must be approved by TVFC vaccine manager prior to system transfer.
- e) Understand that editing a vaccine lot number and/or expiration date after it's been in your inventory will cascade the changes to all patient records who received that particular vaccine.
- f) Use the comment field when adjusting your inventory. It helps keep track of why the adjustment took place.
- g) Reconciliation must be done at least monthly after the last patient of the day. A best practice tip is to perform a physical count of your inventory weekly and compare to your SAIRS inventory.
- h) If you are having trouble reconciling, please refer to the Reconciliation Troubleshooting Guide before calling the SAIRS Team (available on SAIRS website).

SAN ANTONIO IMMUNIZATION
REGISTRY SYSTEM

HL7 Data Exchange

General Information

Please visit the Metro Health webpage for the most current HL7 information regarding timeframes, specifications, and requirements.

<http://www.sanantonio.gov/health/Immunizations-SAIRS-HL7-Provider.html>

The SAIRS team will advise your clinic location when paper submission can stop.

Once you are advised to stop paper submission, SAIRS no longer needs those consent forms from your clinic.

If your EMR is ever down temporarily or unavailable (office internet connectivity issues), you can use the SAMHD consent form and

- a) Submit by mail, OR
- b) Use for data entry once system recovers.

Please be sure to notify the SAIRS Team.

The SAIRS team will work with your EMR vendor to ensure messages are valid prior to going live. After the interface is turned on, the SAIRS Team will monitor the data feed for 30 days.

The EMR vendor should systematically ensure that all required fields such as vaccine type and manufacturer are consistent with HL7 coding. The SAIRS Team reserves the right to change the data requirements at any time.

EMR systems with free-text vaccine fields will not be accepted for SAIRS HL7.

Data Quality

The vaccine information that is entered into your EMR is the exact vaccine information that goes on your patient's official immunization record in the registry. For this very reason, data quality is extremely important.

If at anytime you discover any errors or issues with records in SAIRS not matching the data in your EMR, please contact the SAIRS HL7 Coordinator. Examples of issues include: incorrect vaccine type, date of administration, clinic code, duplicate vaccines, or missing vaccines that had been administered and entered into your EMR.

Please make sure you capture the following information in your EMR system.

Patient Demographics

- a) Legal First Name, Last Name (be mindful of spaces and hyphens), Middle Name (separate from first name field)
- b) Date of Birth
- c) Mother's maiden name (last name before marriage)
- d) Phone number (area code required)
- e) Address (physical required, mailing optional)
- f) County
- g) Insurance company/Insurance ID (Used to help identify duplicate records only)
 - a. Can put "other" if company is unknown
 - b. VFC providers must provide Medicaid information on eligible patients
- h) VFC eligibility
 - a. if EMR doesn't capture info, will be "unknown" in SAIRS
 - b. if EMR does capture info, must be standard VFC codes
 - 1. Enrolled in Medicaid
 - 2. Does not have Health Insurance
 - 3. American Indian or Alaskan Native
 - 4. Is underinsured (FQHCP)
 - 5. Enrolled in CHIP
 - 6. Not VFC Eligible

Vaccine Administration Data

- a) Vaccine Type (CVX code preferred)
- b) Lot Number
- c) Manufacturer
- d) Body Site
- e) Route of Administration
- f) Date of Administration

Requirements

EMR Vendor:

- a) Must sign a SAIRS HL7 Access Agreement. (SAIRS Team will work with Vendor.)
- b) Must have at least one direct contact per EMR vendor and notify the SAIRS Team if this contact person changes.
- c) Requires one SAIRS username and password.
- d) Must meet all security requirements.
- e) Must address all data quality concerns as soon as possible.

Provider:

- a) Meet enrollment requirements: fill out and sign a SAIRS Facility Enrollment form.
- b) Must display the provided Disclosure Statement to patients.
- c) Maintain at least one SAIRS user account (cannot share).
- d) Cannot submit record requests to SAMHD.
- e) Must make every effort to match the patient name in the EMR with SAIRS.
- f) For new patients: must print out SAIRS record and use for history (not unformulated vaccine data from patient card).
- g) Must stay compliant with the TVFC documentation requirements. Please direct questions regarding documentation to your TVFC contact.
- h) Must fill out an HL7 Clinic Contact Info Sheet.

Contact Person

The contact for your facility:

- a) Serves as the liaison between the SAIRS Team and the rest of the direct entry facility's users.
- b) Should have the ability to make decisions for the facility as far as vaccines are concerned.
- c) Is the primary and secondary contact on the Enrollment Form.
- d) Will notify the SAIRS Team if any of the contact people no longer work at the facility. The secondary contact will take over as the primary contact and a new secondary contact needs to be assigned.

As a primary or secondary contact for your clinic, you are expected to:

- a) Address data quality issues within 2 days of notification by SAIRS Team. If data quality is a continued unresolved issue, SAIRS reserves the right to disconnect data exchange. Once issue has been resolved, connection will be reestablished.
- b) Notify the SAIRS Team of deactivated user accounts within 2 days of the user's last work day.
- c) Provide an active email account and check the inbox at least weekly. Any communication via email from the SAIRS Team will be sent securely.
- d) Attend SAIRS-hosted user group meetings.
- e) Have the authority to sign/authorize user agreements.

Paper Submission

General Information

Providers are encouraged to move forward with the new registry technology, but the SAIRS Team recognizes that direct entry and HL7 may not be feasible for all offices. In the case that you:

- a) Do not have a reliable office internet connection, or
- b) Do not have more than one operational computer device,

then paper submission will continue for your office.

If you administer a very low volume of vaccines (ex: less than 1 dose per week), then the SAIRS Team will give your office the choice of direct entry or paper submission.

Data Quality/ Requirements

- Complete and submit a Direct Entry Exemption Form.
- Use most current consent form unless given permission by the SAIRS Team.
- Completeness of form- will be returned if incomplete or inaccurate.
 - Verify **accuracy, completeness, and legibility** of the entire form
 - Completeness of vaccine information
 - Correct Vaccine Type/Trade Name
 - Lot Number
 - Manufacturer
 - Must print vaccine administrator name and sign
 - Attempt to include SAIRS patient ID and clinic name
- TVFC requirements for timeliness
 - Send in completed consents at least weekly (even if you only have one form). All vaccines administered must be entered into the registry within 30 days.
- Consents sent in should **ONLY** include vaccines actually administered to patient- if the vaccines were refused or not given then do not send in a form.
- **Vaccine history for new patients should be sent in**, either filled out on the reverse side of the consent form OR stapled to the consent form.

Responsible Person

- Address data quality issues within 2 days of notification by SAIRS Team.
- Notify SAIRS Team member of deactivated user account within 2 days of last work day.
- Must provide an email account and check inbox at least weekly.
 - Will send emails via secure email
- Attend SAIRS-hosted user group meetings
- Can sign/ authorize user agreement

Help Desk

If you need help with any SAIRS-related issues, the fastest way to receive assistance is to call **(210) 207-5071** and you will be transferred to the appropriate team member if necessary.

Hours of operation: Monday-Friday between 8:00am-4:00pm. (Closed on City of San Antonio holidays.)

Please have your SAIRS Username and phone password ready.

Quick Tips:

To re-set your password, click on “Forgot your Password?” on the SAIRS login screen.

You have three login attempts before your account is locked and at that point you must call the help desk.



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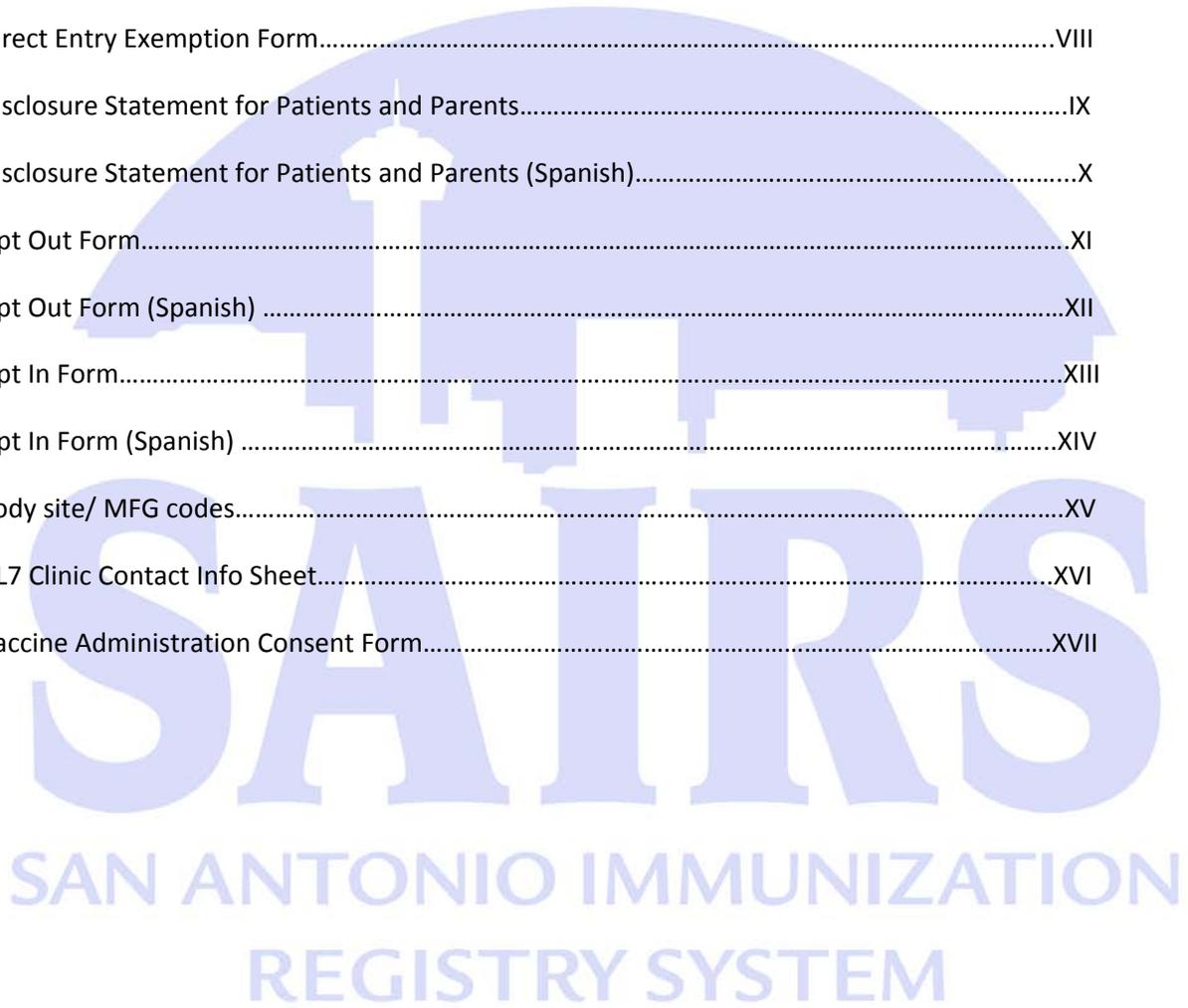
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SAIRS User Security and Confidentiality Agreement

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 patients'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 given access to the San Antonio Immunization Registry (SAIRS).

As a SAIRS user, you agree:

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

SAIRS User Security and Confidentiality Agreement

*First Name Middle Name *Last Name

Title Employee # or Date of Birth (For help desk purposes) *Business Phone # Fax #:

*E-mail Address: (Where user name and password will be sent) Previous SAIRS User Name (if applicable)

Do you administer immunizations? Yes No

*Employee primary workplace and address

What are your job functions? Check ALL that apply.

Office Manager Vaccine Administrator Only
 View/Print Records School Nurse
 Run SAIRS Reports Other If other, please specify:
 Create/update SAIRS records Through internet connection
 Track Vaccine Inventory

How does your office currently submit client immunization records to SAIRS?
 Mail Electronic Data Exchange Through EMR system via HL7
 Direct data entry N/A

Have you completed SAIRS user training?
 Yes. Date of Completion
 No. Anticipated Date of Completion

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:

I have read and understand the SAIRS User Security and 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 (must log in at least once every 90 days) 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):

 Date

*Signature of User

 Date

*Signature of Facility Authority

Please mail, e-mail, or fax page 2 of the signed SAIRS User Security and Confidentiality Agreement to the address/email/fax listed below. Keep a copy for your records. For questions and additional information, contact the SAIRS Administrator at: (210) 207-5071, or e-mail SAIRS2@sanantonio.gov

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

***Required fields**

For Metro Health Use Only:			
User name	Activated by	Activated date	User go live date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





SAIRS Facility Enrollment Form

Please fill out this form as completely as possible. This information is used to establish a SAIRS account for your organization. Please be sure to have an authorizing physician or administrator sign and date page 2 before submitting. If you have questions regarding this form, please contact the SAIRS Team at (210) 207-2089.

Section 1: Facility and Contact Information			
Enrollment Type	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Remove Enrollment	<input type="checkbox"/> Change Enrollment
Facility Name:		VFC PIN#	
Type of Facility	<input type="checkbox"/> School	<input type="checkbox"/> Child-Care	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Hospital <input type="checkbox"/> Dr. Office <input type="checkbox"/> Other _____
Is your facility associated with a medical group or corporation? If so please specify name of group:			
Facility Physical Address:		City/State/Zip Code:	
Facility Mailing Address, if different from physical address		City/State/Zip Code	
Primary Contact Person Name & Title (MD, PA, etc.):		Primary Contact E-mail Addresses:	
Primary Contact Business Phone #: ()		Primary Contact Fax #: ()	
Secondary Contact Person Name & Title (MD, PA, etc.):		Secondary Contact E-mail Addresses:	
Secondary Contact Business Phone #: ()		Secondary Contact Fax #: ()	
Does your office administer immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If your office DOES NOT administer immunizations and only requires view access to SAIRS, skip Sections 2, 3, and 4.)</i>			
Immunization Record Preference: Print patient address on immunization record? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 2: Vaccine Reporting Method			
Facility will use the following methods to report immunization information to SAIRS:			
<input type="checkbox"/> Direct Data Entry via the SAIRS Web Application			
<input type="checkbox"/> Paper Submission (Metro Health's Immunization Program Manager's approval required)			
<input type="checkbox"/> HL7 Data Exchange with an Electronic Medical Record (EMR) System. (The SAIRS Technical Team will contact you with the HL7 specification and will assess your capacity to exchange data electronically.)			
EMR Product Name		EMR Company/Vendor Name	
HL7 Technical Contact Name		Technical Contact Telephone Number	
Section 3: Inventory Type			
Usage Type: (choose only one)			
<input type="checkbox"/> Type 1 – No SAIRS Inventory Control: This type will NOT record vaccine manufacturer, lot number, and expiration date for administered vaccines. This type will NOT support vaccine recall.			
<input type="checkbox"/> Type 2 – Partial SAIRS Inventory Control: This type facilitates data entry of manufacturer, lot number, funding source, and expiration date but does not track dose usage. This type will support vaccine recall.			
<input type="checkbox"/> Type 3 – Full SAIRS Inventory Control: This type tracks vaccine at the dose level. Manufacturer, lot number, expiration date, funding source, and number of doses on hand are tracked. This type also fully supports vaccine recall. Various reporting features are available with this type of inventory.			
For Metro Health Use Only:			
Enrollment Date	Group ID	Facility ID	Deactivation Date

Section 4: Vaccine Authorizing Authority		
Authorizing Physician Name	Medical License Number	State
Section 5		
<p>The San Antonio Immunization Registry System (SAIRS) is a local Web-based immunization information system that establishes and maintains a repository of lifespan immunization data for the San Antonio, Bexar County area. Information in the registry is entered by and available to authorized users for legitimate immunization purposes. All authorized users are required to protect the confidentiality and security of immunization data and other Protected Health Information (PHI) stored in the registry, in accordance with the SAIRS Security and Confidentiality Policy as well as all applicable state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA).</p> <p>By signing below, I agree to all the terms of this SAIRS Facility Enrollment agreement on behalf of myself, this facility's staff, or any other persons authorized by this facility to perform immunization-related activities.</p> <p>As a SAIRS facility delegating authority, I agree to:</p> <ol style="list-style-type: none"> 1. Adhere to the registry consent rules and procedures as specified in the SAIRS User Manual. 2. Enter timely and accurate data into the registry in accordance with the SAIRS User Manual, including all vaccines given and vaccination history obtained from a valid immunization source. 3. Limit registry access only to the information necessary to properly conduct the administration and management of immunization-related duties. 4. Refrain from using SAIRS data for research purposes, unless authorized by the Director of the San Antonio Metropolitan Health District. 5. Acknowledge that all user activities in SAIRS are logged and user access is monitored. Log information is subject to review for HIPAA compliance purposes. 6. Protect the confidentiality of patient information contained within SAIRS. Individual immunization records should only be furnished or disclosed to entities authorized by law or with the written consent of an adult patient or a minor patient's parent/guardian. 7. Promptly report to the SAIRS staff all security incidents or unauthorized releases of confidential information contained in SAIRS. 8. Allow the SAIRS staff to review and inspect this facility's use of the registry for data quality assurance purposes. 9. Promptly notify the SAIRS staff when authorized users discontinue employment or require a change in access rights. 10. Ensure that users associated with this facility participate in training sessions or read training materials provided by SAIRS staff. 11. Promptly report suspension or revocation of any of the medical licenses listed on this form. 		
_____	_____	_____
Print Name of Delegating Authority	Date Signed	
_____	_____	_____
Signature of Delegating Authority	Date Signed	

Please complete this form and return to:
 San Antonio Metropolitan Health District-SAIRS
 332 W. Commerce, Ste. 108
 San Antonio, TX 78205
 Fax: 210.207.0751



SAIRS FACILITY ENROLLMENT RENEWAL FORM

*Facility Name: VFC PIN# (if applicable)

*Type of Facility School Child-Care Pharmacy Hospital Dr. Office Other

*Does your office administer vaccines? Yes No

Please update the information below:	*Required fields
---	-------------------------

*Primary Contact Person	<input style="width: 95%; height: 25px;" type="text"/>		
Name & Title (MD, PA, etc):			
*Primary Contact's E-mail Address: <input style="width: 95%; height: 25px;" type="text"/>			
*Primary Contact Phone #:	<input style="width: 150px; height: 25px;" type="text"/>	*Primary Contact Fax #:	<input style="width: 150px; height: 25px;" type="text"/>
Facility Address:	<input style="width: 250px; height: 25px;" type="text"/>		City/State/Zip Code: <input style="width: 150px; height: 25px;" type="text"/>
*Facility is currently using the following method to report immunization information to SAIRS:			
<input type="checkbox"/> Direct Data Entry Via SAIRS Web Application			
<input type="checkbox"/> HL7 Data Exchange with your Electronic Medical Record (EMR) System.			
<input type="checkbox"/> Paper Submission (*Must complete the attached SAIRS Direct Entry Exemption Form.)			
<input type="checkbox"/> Not applicable, because our facility does not administer vaccines.			

The San Antonio Immunization Registry System (SAIRS) is a local Web-based Immunization information system that establishes and maintains a repository of lifespan immunization data for the San Antonio, Bexar County area. Information in the registry is entered by and available to authorized users for legitimate immunization purposes. All authorized users are required to protect the confidentiality and security of immunization data and other Protected Health Information (PHI) stored in the registry, in accordance with the SAIRS Security and Confidentiality Policy as well as all applicable state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA).

- By signing below, I agree to all the terms of the SAIRS Facility Enrollment agreement on behalf of myself, this facility's staff, or any other persons authorized by this facility to perform immunization-related activities. As a SAIRS facility delegating authority, I agree to:
1. Adhere to the registry consent rules and procedures as specified in the SAIRS User Manual.
 2. Enter timely and accurate data into the registry in accordance with the SAIRS User Manual, including all vaccines given and vaccination history obtained from a valid immunization source.
 3. Limit registry access only to the information necessary to properly conduct the administration and management of immunization-related duties.
 4. Refrain from using SAIRS data for research purposes, unless authorized in writing by the Director of the San Antonio Metropolitan Health District.
 5. Acknowledge that all user activities in SAIRS are logged and user access is monitored. Log information is subject to review for HIPAA compliance purposes.
 6. Protect the confidentiality of patient information contained within SAIRS. Individual immunization records should only be furnished or disclosed to entities authorized by law or with the written consent of an adult patient or a minor patient's parent/guardian.
 7. Promptly report to the SAIRS staff all security incidents or unauthorized releases of confidential information contained in SAIRS.
 8. Allow the SAIRS staff to review and inspect this facility's use of the registry for data quality assurance purposes.
 9. Promptly notify the SAIRS staff when authorized users discontinue employment or require a change in access rights.
 10. Ensure that users associated with this facility participate in training sessions or read training materials provided by SAIRS staff.
 11. Promptly report suspension or revocation of any of the medical licenses listed on this form.

 *Print name of Facility Authority Date

*Signature of Facility Authority

For Metro Health Use Only:		
Facility ID/Clinic Code	Date Received	Reviewed By



SAIRS USER RENEWAL FORM

Please list all **current** staff members who **actively** utilize SAIRS, including their SAIRS user name, e-mail address, type of SAIRS user access, and personal identification information (which is used by the SAIRS help desk to identify the caller). Attach additional pages if necessary.

(All non-listed users will be immediately deactivated. Please submit a User Security and Confidentiality Agreement if additional staff members need access or if type of access has changed.)

Name of Facility: VFC PIN:
 (If applicable)

Facility Authority: Signature: _____ Date:
 (Please print)

Name: User name: E-mail address:

Type of Access: View/Print Records Create/Update SAIRS Records Track Vaccine Inventory Run SAIRS Reports Vaccine Administrator Only
 (Check all that apply)

Employee # or Date of Birth (For help desk purposes)

Name: User name: E-mail address:

Type of Access: View/Print Records Create/Update SAIRS Records Track Vaccine Inventory Run SAIRS Reports Vaccine Administrator Only
 (Check all that apply)

Employee # or Date of Birth (For help desk purposes)

Name: User name: E-mail address:

Type of Access: View/Print Records Create/Update SAIRS Records Track Vaccine Inventory Run SAIRS Reports Vaccine Administrator Only
 (Check all that apply)

Employee # or Date of Birth (For help desk purposes)

Name: User name: E-mail address:

Type of Access: View/Print Records Create/Update SAIRS Records Track Vaccine Inventory Run SAIRS Reports Vaccine Administrator Only
 (Check all that apply)

Employee # or Date of Birth (For help desk purposes)

Name: User name: E-mail address:

Type of Access: View/Print Records Create/Update SAIRS Records Track Vaccine Inventory Run SAIRS Reports Vaccine Administrator Only
 (Check all that apply)

Employee # or Date of Birth (For help desk purposes)

If you have any questions regarding this form, please contact the SAIRS help desk at (210) 207-5071.

SAIRS Direct Entry Exemption Form

Facility Name:

VFC Pin # (if applicable):

Reason for Exemption (please choose all that apply):

Unreliable internet connection

Not enough office computers

Very low volume of vaccines administered weekly

Approximate number of doses administered weekly: _____ doses weekly

Has an Electronic Medical Record System and would like more information on HL7 electronic data exchange with SAIRS

EMR Vendor:

EMR Contact Person:

Phone Number:

Email Address:

Other Reason (requires approval by SAIRS Administrator):

I am requesting to be exempt from doing direct entry into the San Antonio Immunization Registry System. I understand that if the status of my exemption reason(s) change, I will notify the SAIRS Team and get trained for direct entry.

Printed Name of Facility Authority

Signature of Facility Authority

Date

For Office Use Only:

Date Received:

Reviewed By:



SAIRS Direct Entry Exemption Form
Revised 3/27/2013



SAIRS Notice to Patients and Parents

The San Antonio Immunization Registry System (SAIRS) is a confidential online computer system that helps track immunizations throughout your life span. Your or your child's immunization information automatically becomes a part of the confidential SAIRS system unless you choose to exclude that information by completing a *Request to Opt Out* form as discussed below.

Benefits of having your or your child's information in SAIRS:

- Collects and tracks all immunizations in one system, so you don't miss any or get too many.
- Can send reminders when you or your child need a vaccine(s) and can notify you of special programs for which you or your child may qualify.
- Provides a consolidated immunization record to use as proof to start child care, school, or a new job.
- Helps your health-care provider see what immunizations are needed.
- Helps public health programs in their efforts to prevent disease outbreaks.

What information can be kept in SAIRS?

Note: Registry information will be treated as confidential according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations and State law requirements.

- Patient's full name
- Date of birth
- Mailing and physical address
- Phone number(s)
- Other demographic information you provide
- Details about the patient's immunizations and TB skin tests
- References to the Texas immunization registry, ImmTrac, (if applicable) and birth record

Only authorized users may have access to SAIRS. These include (but are not limited to):

- Clinics
- Physicians' offices
- Hospitals
- Schools
- Child-care facilities
- State and local health agencies

How can patient information be used?

- To determine if immunizations are up-to-date
- To consolidate a patient's immunization records
- To avoid under- or over-immunization
- To determine immunization rates
- To bill insurance companies
- To notify you of upcoming immunizations
- To notify you of special programs
- To contact you in the event of an emergency
- For quality assurance and improvement

For more details, please consult the *San Antonio Immunization Registry System (SAIRS) Security and Confidentiality Policy* (available at <http://www.sanantonio.gov/health/immunizations-SAIRS.html>).

You have the right to:

- Inspect and obtain a copy of your or your child's record (fees apply to copies).
- Have errors corrected in the registry.
- Withdraw your or your child's information from the registry by completing a *Request to Opt Out of SAIRS* form (available at <http://www.sanantonio.gov/health/immunizations-SAIRS.html>).

For more information, please contact (210) 207-5071.



Aviso de SAIRS para los pacientes y padres de familia

El Sistema de registro de inmunizaciones de San Antonio (SAIRS) es un sistema computarizado confidencial en línea que ayuda a llevar el control de las inmunizaciones a lo largo de su vida. Su información o la información de inmunización de su hijo se convierten automáticamente en parte del sistema confidencial de SAIRS a menos que elija excluir esa información al completar un formulario de *Solicitud para salirse* según se discute más adelante.

Beneficios de tener su información o la de su hijo en SAIRS:

- Recopila y lleva el control de todas las inmunizaciones en un sistema, para que no le falte alguna o reciba demasiadas.
- Puede enviar recordatorios cuando usted o su hijo necesiten una vacuna y puede notificarle sobre programas especiales para los cuales puede calificar usted o su hijo.
- Proporciona un registro consolidado de inmunizaciones para usarlo como prueba para ingresar a la guardería, la escuela o un nuevo empleo.
- Le ayuda a su proveedor de atención médica a ver qué inmunizaciones son necesarias.
- Ayuda a los programas de salud pública en sus esfuerzos por evitar las epidemias de enfermedades.

¿Qué información se puede guardar en SAIRS?

Nota: La información del registro se tratará como confidencial de acuerdo con las regulaciones de la Ley de portabilidad y responsabilidad del seguro médico de 1996 (HIPAA) y los requisitos de las leyes del Estado.

- Nombre completo del paciente
- Fecha de nacimiento
- Dirección postal y física
- Número(s) de teléfono
- Otra información demográfica que usted proporcione
- Detalles sobre las inmunizaciones y pruebas cutáneas de tuberculosis del paciente
- Referencias al registro de inmunizaciones de Texas, ImmTrac, (si aplica) y certificado de nacimiento

Solamente los usuarios autorizados pueden acceder a SAIRS. Estos incluyen (pero no se limitan a):

- Clínicas
- Consultorios médicos
- Hospitales
- Escuelas
- Centros de cuidado infantil
- Agencias de salud del estado y locales

¿Cómo se puede usar la información del paciente?

- Para determinar si las inmunizaciones están al corriente
- Para consolidar los registros de inmunización de un paciente
- Para evitar inmunizaciones de más o de menos
- Para determinar las tarifas de las inmunizaciones
- Para cobrar a las compañías de seguro
- Para notificarle sobre próximas inmunizaciones
- Para notificarle sobre programas especiales
- Para contactarlo en el caso de una emergencia
- Para mejorar y garantizar la calidad

Para obtener más detalles, consulte la *Normas de confidencialidad y seguridad del Sistema de registro de inmunizaciones de San Antonio* (disponible en <http://www.sanantonio.gov/health/immunizations-SAIRS.html>).

Usted tiene derecho a:

- Inspeccionar y obtener una copia de su registro o del de su hijo (aplican ciertos cargos por las copias).
- Que se corrijan los errores en el registro.
- Retirar su información o la de su hijo del registro al completar un formulario de *Solicitud para salirse de SAIRS* (disponible en <http://www.sanantonio.gov/health/immunizations-SAIRS.html>).

Para obtener más información, comuníquese al (210) 207-5071.

San Antonio Immunization Registry System (SAIRS) Request to Opt Out of SAIRS

Note: This form is required to allow an individual to request that a person's immunization history be removed from the registry and no further immunization data be accepted into the registry.

Name of client (person whose information is to be removed from the registry):									
Last:				First:				Middle:	
Date of Birth		M	M	D	D	Y	Y	Y	Y
		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown							
Mother's Maiden Name		Last:				First:		Middle:	
Name of person authorizing removal of immunization information:									
Name of Parent or Guardian		Last:				First:		Middle:	
Relationship to Client:									
Mailing Address									
City						State		Zip	

I request this person's immunization information be removed from the San Antonio Immunization Registry System (SAIRS). I understand the City of San Antonio will remove all immunization data on this client from the registry as a result of this action. The registry will retain only core demographic information necessary to identify the client has chosen to opt out of the registry. This information is necessary to enable the registry to filter and refuse entry of immunization information for the client. Additionally, any prior immunization records associated with the client will be deleted from the registry.

This *Request to Opt Out of SAIRS* form will be maintained at the San Antonio Metropolitan Health District Immunization Division's office, and may be disclosed only as described in the *Notice of Privacy Practices*.

No immunization information will be added to the registry for this client until SAIRS personnel receive notification that the parent or legal guardian wishes to opt back into the registry or the client consents to participation in the registry via a participating provider. A *Request to Opt Into SAIRS* form is available on Metro Health's Web site at <http://www.sanantonio.gov/health/immunizations-SAIRS.html>.

Only completed requests will be processed. Please allow 10 to 15 business days from the date the form is received in our office for processing.

Signature of Client or Parent/Guardian

Date

Mail or hand-deliver to the following address:

Metro Health – Immunization Division
SAIRS Opt Out
332 W. Commerce, Suite 108
San Antonio, TX 78205
(210) 207-8790

SAIRS Opt-Out Form V1

Sistema de registro de inmunizaciones de San Antonio (SAIRS) Solicitud para salirse de SAIRS

Nota: Este formulario es necesario para permitir que una persona solicite que su historial de inmunizaciones se elimine del registro y que no se acepte más información sobre las inmunizaciones en el registro.

Nombre del cliente (persona cuya información debe eliminarse del registro):									
Apellido:				Primer nombre:				Segundo nombre:	
Fecha de nacimiento								Sexo: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	
	M	M	D	D	A	A	A	<input type="checkbox"/> Desconocido	
Apellido de soltera de la madre	Apellido:				Primer nombre:			Segundo nombre:	
Nombre de la persona que autoriza la eliminación de la información de registro:									
Nombre del padre de familia o tutor		Apellido:				Primer nombre:			Segundo nombre:
Relación con el cliente:									
Dirección postal									
Ciudad					Estado			Código postal	

Solicito que se elimine la información de las inmunizaciones de esta persona del Sistema de registro de inmunizaciones de San Antonio (SAIRS). Entiendo que la ciudad de San Antonio eliminará todos los datos sobre inmunizaciones de este cliente del registro, como resultado de esta acción. El registro conservará solamente la información demográfica principal y necesaria para identificar al cliente que eligió salirse del registro. Esta información es necesaria para permitir que el registro filtre y rechace el ingreso de la información de inmunizaciones del cliente. Además, cualquier registro de inmunizaciones anterior asociado con el cliente se eliminará del registro.

Este formulario de *Solicitud para salirse de SAIRS* se guardará en la oficina de la División de inmunizaciones del Distrito de Salud de San Antonio y sólo se puede divulgar según se describe en el *Aviso sobre las prácticas de privacidad*.

No se agregará ninguna información de inmunizaciones al registro de este cliente hasta que el personal de SAIRS reciba la notificación de que el padre de familia o tutor legal desea optar de nuevo al registro o el cliente autorice participar en el registro por medio de un proveedor participante. En el sitio web de SAMHD en <http://www.sanantonio.gov/health/immunizations-SAIRS.html> se encuentra disponible un formulario de una *Solicitud para optar a SAIRS*.

Solamente se procesarán las solicitudes que estén completas. Permita que transcurran de 10 a 15 días laborales a partir de la fecha en que se reciba el formulario en nuestra oficina para procesarlo.

Firma del cliente o padre de familia/tutor

Fecha

Enviar por correo o entregar personalmente en la siguiente dirección:

Metro Health – Immunization Division
SAIRS Opt Out
332 W. Commerce, Suite 108
San Antonio, TX 78205
(210) 207-8790

San Antonio Immunization Registry System (SAIRS) Request to Opt Into SAIRS

Note: This Form is required to allow a person who has previously opted out of the registry to opt back in to the registry thereby allowing collection of immunization data on the person.

Name of client (person whose information is to be entered into the registry):									
Last:				First:				Middle:	
Date of Birth								Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
		M	M	D	D	Y	Y	Y	Y
Mother's Maiden Name		Last:				First:		Middle:	
Name of person authorizing entry of immunization information:									
Name of Parent or Guardian		Last:				First:		Middle:	
Relationship to Client:									
Mailing Address									
City						State		Zip	

I request this person be reinstated into the San Antonio Immunization Registry System (SAIRS). I understand this action will allow the San Antonio Metropolitan Health District (SAMHD) to add all available immunization data on this person from participating providers to the registry as a result of this action. The registry will be the official source of immunization history for this person.

This *Request to Opt Into SAIRS* form will be maintained at the SAMHD Immunization Division's office, and may be disclosed only as described in the *Notice of Privacy Practices*.

I understand immunization information may be added to the registry for this client until the SAMHD Immunization Division receives a notification from the parent or legal guardian indicating the desire to opt out of the registry. A *Request to Opt Out of SAIRS* form is available at <http://www.sanantonio.gov/health/immunizations-SAIRS.html>. The SAMHD must receive a completed and signed *Request to Opt Out of SAIRS* form prior to changing the status of the individual named above.

Only completed requests will be processed. Please allow 10 to 15 business days from the date the form is received in our office for processing.

Signature of Client or Parent/Guardian

Date

Mail or hand-deliver to the following address:

Metro Health -- Immunization Division
SAIRS Opt In
332 W. Commerce, Suite 108
San Antonio, TX 78205
(210) 207-8790

Sistema de registro de inmunizaciones de San Antonio (SAIRS) Solicitud para optar a SAIRS

Nota: Este Formulario es necesario para permitir que una persona que haya decidido salirse anteriormente del registro pueda optar de nuevo al registro permitiendo así la recopilación de datos de inmunización sobre la persona.

Nombre del cliente (persona cuya información debe ingresarse en el registro):										
Apellido:				Primer nombre:				Segundo nombre:		
Fecha de nacimiento								Sexo: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino		
	M	M	D	D	A	A	A	<input type="checkbox"/> Desconocido		
Apellido de soltera de la madre	Apellido:				Primer nombre:			Segundo nombre:		
Nombre de la persona que autoriza el ingreso de la información de registro:										
Nombre del padre de familia o tutor		Apellido:				Primer nombre:			Segundo nombre:	
Relación con el cliente:										
Dirección postal										
Ciudad							Estado			Código postal

Solicito que se reincorpore a esta persona en el Sistema de registro de inmunizaciones de San Antonio (SAIRS). Entiendo que esta acción permitirá que el Distrito de Salud de San Antonio (SAMHD) agregue todos los datos de inmunización disponibles sobre esta persona de proveedores participantes al registro como resultado de esta acción. El registro será la fuente oficial del historial de inmunizaciones para esta persona.

Este formulario de *Solicitud para optar a SAIRS* se guardará en la oficina de la División de inmunizaciones de SAMHD y sólo se puede divulgar según se describe en el *Aviso sobre las prácticas de privacidad*.

Entiendo que se puede agregar la información sobre inmunizaciones al registro de este cliente hasta que la División de inmunizaciones de SAMHD reciba una notificación del padre de familia o tutor legal que indique el deseo de salirse del registro. En <http://www.sanantonio.gov/health/immunizations-SAIRS.html> se encuentra disponible un formulario de una *Solicitud para salirse de SAIRS*. SAMHD debe recibir un formulario de *Solicitud para salirse de SAIRS*, completado y firmado antes de cambiar el estado de la persona que se mencionó anteriormente.

Solamente se procesarán las solicitudes que estén completas. Permita que transcurran de 10 a 15 días laborales a partir de la fecha en que se reciba el formulario en nuestra oficina para procesarlo.

Firma del cliente o padre de familia/tutor

Fecha

Enviar por correo o entregar personalmente en la siguiente dirección:

Metro Health – Immunization Division
SAIRS Opt In
332 W. Commerce, Suite 108
San Antonio, TX 78205
(210) 207-8790

SAIRS Manufacturer Body Site Code Reference

Code	Manufacturerer
AKR	Akorn, Inc
CSL	CSL Behring, Inc.
SKB	GalzoSmithKline
MBL	Massachusetts Bioofic Laboratories
MED	MedImmune, Inc.
MSD	Merek & Co. Inc.
NOV	Novartis Pharmaceutical Corp.
PFR	Pfizer Inc. (Includes Wyeth, Lederle & Praxis)
PMC	Sanofi Pasteur

Body Site Code	Body Site
IN	Intranasal
LA	Left Outer Aspect Upper Arm
LD	Left Deltoid
LG	Left Gluteous Medius (use only for Immune Globolin administration)
LLFA	Left Lower Forearm
LT	Left Anterior Lateral Thigh
LVL	Left Vastus Lateralis
PO	Oral
RA	Right Outer Aspect Upper Arm
RD	Right Deltoid
RG	Right Gluteous Medius (use only for Immune Globolin administration)
RLFA	Right Lower Forearm
RT	Right Anterior Lateral Thigh
RVL	Right Vastus Lateralis

HL7 Clinic Contact Info Sheet

Clinic Name: _____ VFC #: _____

If applicable

Clinic Location: _____

Primary Contact: _____
First *Last*

Direct Phone Number: (____) - ____ - ____ ext: _____

Email Address: _____

Please assign and train a secondary responsible person.

Secondary Contact: _____
First *Last*

Direct Phone Number: (____) - ____ - ____ ext: _____

Email Address: _____

I understand that as an HL7 Clinic Contact, I am expected to

- Address data quality issues within 2 days of notification by SAIRS Team.
- Notify SAIRS Team if a SAIRS user is no longer employed at your clinic within 2 days of their last work day.
- Check the inbox of the email address provided on this form at least weekly.

If data quality is a continued unresolved issue, SAIRS reserves the right to disconnect data exchange. Once issue has been resolved, connection will be reestablished.

Signature of Primary Contact

Date

Signature of Secondary Contact

Date

CONSENT STATEMENT/DECLARACIÓN DE CONSENTIMIENTO

English: I agree that the person named below will receive the vaccine(s) indicated and that this person will have a vaccine put in his or her body to prevent infectious disease(s). I received a copy of the Vaccine Information Statement(s) (VIS) for these vaccines. I know the risks of the diseases these vaccines prevent, and the benefits and risks of the vaccines. I have had a chance to ask questions about the diseases, the vaccines, and how the vaccines are given. I understand that the vaccination information of the person named below shall be recorded in the San Antonio Metropolitan Health District (SAMHD) Immunization registry and that this record may be shared with the Texas Immunization Registry, health care providers, schools, or child care organizations. I understand that I may inspect or obtain a copy of this person's immunization record, have errors corrected in the registry and withdraw information from the registry by submitting a Request to Opt Out of SAIRS form to SAMHD. I am an adult who can legally consent for the person named below to get vaccines. I freely and voluntarily give my signed permission for these vaccines to be given. I have received information about the HIPAA privacy notification.

Español: Entiendo que la persona nombrada abajo recibirá las vacunas indicadas y que esta persona tendrá una vacuna puesta en su cuerpo para prevenir enfermedades infecciosas. Recibí una copia de las declaraciones de la información de vacuna (VIS) para estas vacunas. Sé los riesgos de las enfermedades que estas vacunas previenen, y las ventajas y los riesgos de las vacunas. He tenido la oportunidad de hacer preguntas acerca de las enfermedades, las vacunas, y cómo se dan las vacunas. Entiendo que la información de vacunación mía o de mis hijos se inscribirá en el Sistema de Registro de Inmunizaciones del Distrito Metropolitano de Salud de San Antonio (Metro de Salud) y que este registro puede ser compartido con el Sistema de Registro de Inmunizaciones de Texas, con doctores de salud, con las escuelas o con organizaciones responsables del cuidado de los niños. Entiendo que puedo inspeccionar o obtener una copia del registro de vacunación mía o de mis hijos, pedir que errores sean corregidos en el Sistema de Registro, y pedir que retiren información mía o de mis hijos del Sistema de Registro presentando una solicitud con el formulario Opción para Retirar de SAIRS al Programa de Inmunizaciones del Metro de Salud. Soy un adulto que puede consentir legalmente para la persona nombrada abajo conseguir vacunas. Dooy libremente y voluntariamente mi permiso firmado para que estas vacunas sean dadas. He recibido la información sobre la notificación de la ley de HIPAA.

Patient's Information (Please Print) / Informacion Del Paciente (Por favor use letra de molde)

Last Name / Nombre del Primer Apellido	First Name / Primer Nombre	M.I.	Date of Birth/ Fecha de Nacimiento	Gender/ Sexo	Twin/ Gemelo
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>
Address/ Direccion			Apt. #	Telephone / Telefono	
				() -	
City/ Ciudad	County/ Condado	State/ Estado	Zip Code / Zona Postal		

Name of Guardian / Nombre de la persona autorizada para ser el pedido

Last Name / Nombre del Primer Apellido	First / Primer Nombre	M.I.	Relationship to Patient / Relación con el Paciente
Guardian Signature / Firma de la persona autorizada para ser el pedido		Date / Fecha	Mother's Maiden Name / Apellido de soltera de madre
X			

To Be Filled Out By Administrator

Check Patient Insurance / VFC Category

Medicaid
 CHIP
 Medicare
 Private Insurance
 # _____

Underinsured (Not insured for immunizations)
 No insurance
 American Indian/Alaskan Native
 Other

SAIRS Patient ID # _____ **Clinic Name:** _____

<input type="checkbox"/> HEP B MFR: <input type="checkbox"/> GlaxoSmithKline <input type="checkbox"/> HEP B-HIB <input type="checkbox"/> Merck <input type="checkbox"/> Other <input type="checkbox"/> HEP B/ HEP A (Twinrix) Site _____ <input type="checkbox"/> HEP B 2 Dose/ 1.0 mL Series Lot # _____	<input type="checkbox"/> DTaP MFR: <input type="checkbox"/> Sanofi Pasteur <input type="checkbox"/> DT <input type="checkbox"/> GlaxoSmithKline <input type="checkbox"/> Td <input type="checkbox"/> Other <input type="checkbox"/> Tdap <input type="checkbox"/> DTaP-IPV (Kinrix) <input type="checkbox"/> DTaP-HepB-IPV (Pediarix) <input type="checkbox"/> DTaP-Hib-IPV (Pentacel) Site _____ <input type="checkbox"/> DTaP-Hib Lot # _____	<input type="checkbox"/> MCV4 (Menactra) MFR: <input type="checkbox"/> Sanofi Pasteur <input type="checkbox"/> MCV40 (Menveo) <input type="checkbox"/> Novartis <input type="checkbox"/> MPSV4 <input type="checkbox"/> Other Lot # _____ Site _____
<input type="checkbox"/> HEP A MFR: <input type="checkbox"/> GlaxoSmithKline <input type="checkbox"/> Merck Site _____ <input type="checkbox"/> Other Lot # _____	<input type="checkbox"/> HIB (PRP-T) MFR: <input type="checkbox"/> Sanofi Pasteur <input type="checkbox"/> HIB (PRP-OMP) <input type="checkbox"/> GlaxoSmithKline <input type="checkbox"/> HIB (PRP-D) <input type="checkbox"/> Merck <input type="checkbox"/> Hibertx (booster) <input type="checkbox"/> Other Lot # _____ Site _____	<input type="checkbox"/> HPV4 (Gardasil) MFR: <input type="checkbox"/> Merck <input type="checkbox"/> HPV2 (Cervarix) <input type="checkbox"/> GlaxoSmithKline <input type="checkbox"/> Other Lot # _____ Site _____
<input type="checkbox"/> RTV (Rotateq) MFR: <input type="checkbox"/> Merck <input type="checkbox"/> RTV (Rotarix) <input type="checkbox"/> GlaxoSmithKline <input type="checkbox"/> Other Lot # _____ Site _____	<input type="checkbox"/> Varicella MFR: <input type="checkbox"/> Merck <input type="checkbox"/> Other Lot # _____ Site _____	<input type="checkbox"/> FLU (P-Free) MFR: <input type="checkbox"/> Sanofi Pasteur <input type="checkbox"/> FLU (Seasonal) <input type="checkbox"/> Novartis <input type="checkbox"/> FLU (LAIV-Nasal) <input type="checkbox"/> MedImmune <input type="checkbox"/> Other Lot # _____ Site _____
<input type="checkbox"/> PCV13 MFR: <input type="checkbox"/> Pfizer <input type="checkbox"/> PPV23 <input type="checkbox"/> Merck <input type="checkbox"/> Other Lot # _____ Site _____	<input type="checkbox"/> MMR MFR: <input type="checkbox"/> Merck <input type="checkbox"/> MMRV <input type="checkbox"/> Other Lot # _____ Site _____	<input type="checkbox"/> OTHER: _____ Vaccine NDC: _____ MFR: <input type="checkbox"/> GlaxoSmithKline <input type="checkbox"/> Merck <input type="checkbox"/> Sanofi Pasteur <input type="checkbox"/> Other: _____ Lot # _____ Site _____
<input type="checkbox"/> IPV MFR: <input type="checkbox"/> Sanofi Pasteur <input type="checkbox"/> Other Lot # _____ Site _____		

Print Administrator First Name and Last Name	X _____	Vaccine Administrator Signature / Title	Date of Vaccine Administration
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