



SAN ANTONIO IMMUNIZATION
REGISTRY SYSTEM

SAIRS HL7 Access 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.

_____ (Entity) will send immunization information to the SAIRS in accordance with SAIRS Immunization Registry HL7 Interface Specifications under the conditions listed below.

This agreement must be signed before Entity may be able to send immunization information, including PHI to the San Antonio Immunization Registry System (SAIRS).

Entity agrees to:

1. Comply with the requirements of state and federal laws regarding maintaining the confidentiality of PHI including Texas Health and Safety Code, Chapter 181, and applicable provisions of the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards for Privacy of Individually Identifiable Health Information, as amended, and rules, policies and procedures established by the San Antonio Metropolitan Health District (SAMHD) pertaining to SAIRS.
2. Restrict use of SAIRS to sending immunization records to SAIRS and generating documentation only as necessary to properly send the data pursuant to this Agreement.
3. Use SAIRS to transfer PHI only through secure methods of communication such as SSL/TLS or some other method of communication that offers an equivalent level of security and authentication for the recipient.
4. Send SAIRS immunization information only from immunization providers who are enrolled in SAIRS.
5. Maintain a confidential user password for Entity's use only. Passwords must not be shared with any other organization or unauthorized individuals. Any written documentation of the password should be maintained in a location that cannot be accessed by unauthorized individuals (e.g., in a locked cabinet).
6. 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.
7. Immediately report any breaches or unauthorized releases of confidential information and any threat to, or violation of, SAIRS security to SAIRS staff.
8. Send accurate and timely data and not knowingly send invalid or false data.
9. Comply with SAIRS's Immunization Registry HL7 Interface Specifications and any testing the SAMHD may require for purposes of establishing connectivity.
10. Not knowingly introduce into the SAIRS systems, hardware, software or databases any code, virus, worm, Trojan horse or other mechanism to disable, adversely affect, harm, or grant access to any systems, hardware, software or databases of SAIRS and will maintain reasonable measures to detect and contain such code, virus, worm, Trojan Horse or other mechanisms and to eliminate them from its systems.

Entity agrees not to:

1. Access or attempt to access or examine any document or computer record in SAIRS that contains confidential medical information unless authorized to do so.
2. Intentionally send invalid/incorrect data and/or falsify any document or data sent.

Entity agrees to the terms in this SAIRS HL7 Access Agreement and understands 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 Entity's ability to send immunization data to SAIRS. Entity also understands that an electronic record (audit trail) will be created automatically by the San Antonio Immunization Registry System. Entity agrees and understands its ability to send immunization information pursuant to SAIRS Immunization Registry HL7 Interface Specifications may be terminated for non-use or failure to adhere to this Agreement.

By signing below, Entity understands, and agrees to abide by, all terms of the San Antonio Immunization Registry System HL7 Access Agreement and any applicable state and federal laws regarding Protected Health Information (PHI).

By: _____

Printed Name: _____

Date: _____