

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
 Create/update SAIRS records If other, please specify:
 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 Through internet connection 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:

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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):

 *Signature of User Date

 *Signature of Facility Authority Date

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

