



Authorized Individual User Agreement

To be kept on file with Admin User onsite

Iowa’s Immunization Registry Information System (IRIS) is a statewide database of immunization histories and health screenings maintained for the purposes of reminding patients of needed immunizations, facilitating vaccine inventory management, and providing organizations with the ability to search for and update patient records and to assess the need for immunizations and health screenings.

In order to participate in IRIS, the Individual User agrees to the following:

1. Only access immunization information in IRIS to perform a legally authorized function of the user.
2. Read and abide by the IRIS Security and Confidentiality Policy including procedures to safeguard user name(s) and password(s) against unauthorized use.
3. Use IRIS consistent with this agreement, the IRIS Security and Confidentiality Policy and Iowa law (Iowa Code § 22.7(2) and 641 IAC Chapter 7).
4. Agree not to impose a charge or fee to the patient for use of IRIS or for any information obtained from IRIS.
5. Access records by only using the user’s personal user name and password.

Failure to abide by this agreement may result in immediate suspension or termination of access to IRIS.

First Name: _____ Middle Initial: _____ Last Name: _____
 Name of Site/Organization: _____
 Physical Address: _____ City, State, Zip: _____
 Mailing Address: _____ City, State, Zip: _____
 Phone: _____ Fax: _____ Email: _____

Primary Contact/Admin User Name: _____
 Title: _____ Phone: _____ Email: _____

This form must be signed by both the user requesting access and the organization’s Admin User.

By signing below, I agree to the above conditions and will comply with Iowa law:

Signature of User: _____ Date: _____

Signature of Admin User: _____ Date: _____

Note: This form must be kept on file with the Admin User and available to Immunization Program staff by request for audit purposes.

For Tracking Purposes Only

Username Assigned: _____	Date Activated: _____	IRIS Clinic ID Number: _____
User Terminated/Deactivated: <input type="checkbox"/> Date: _____		