



# Immunization Registry Information System (IRIS) Authorized Site Agreement – Organization

IRIS – Immunization Program  
Lucas State Office Bldg., 5<sup>th</sup> Floor  
321 E 12<sup>th</sup> Street  
Des Moines, IA 50319-0075  
Phone: (800)374-3958  
Fax: (800)831-6292

Email: [irisenrollment@idph.iowa.gov](mailto:irisenrollment@idph.iowa.gov)  
<http://idph.iowa.gov/immtd/immunization>

*Please complete and return to the IRIS Help Desk.*

Name of Site/Organization: \_\_\_\_\_ VFC PIN: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Primary Contact/Admin: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_  
Title (select one):  Managing Physician  Clinic Manager  CEO  Superintendent/Principal  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Type:  Private Clinic  Local Public Health  RHC/FQHC  Hospital  Pharmacy  
 Long Term Care Center  College/University  Department of Corrections  State Agency  
 Family Planning  Head Start  WIC  K-12 School  Other: \_\_\_\_\_

### Planned use of IRIS

Immunization:  Web Entry/User Interface  Data Exchange  View Only  School Match: \_\_\_\_\_  
Vendor Name

Vision:  Web Entry/User Interface (to view and record vision screening results)  View Only

School Audits (LPHA only):  LPHA Org Admin  LPHA Standard User

In order to participate in IRIS, this Organization agrees to the following:

1. Only access immunization and other health screening information in IRIS for individuals to whom the organization provides services or as necessary to perform a legally authorized function of the organization.
2. Abide by the IRIS Security and Confidentiality Policy, including safeguarding user name(s) and password(s) against unauthorized use. Access records only under the user's own name and password.
3. Will not impose a charge or fee to the patient for use of IRIS or for any information obtained from IRIS.
4. Assure Individual User Agreements are completed for each user.
5. Designate an "Admin User" who will be responsible for the following activities:
  - a. Activate users and assign standard user security within this Organization.
  - b. Maintain signed Individual User Agreements and make them available to IDPH staff upon request.
  - c. Ensure that Individual User Agreements are maintained and updated as needed.
  - d. Ensure each staff member requiring access has a user name and password and uses IRIS consistent with this agreement, the IRIS Security and Confidentiality Policy and Iowa law (Iowa Code § 22.7(2) and 641 IAC Chapter 7).
  - e. Provide oversight to ensure that users are terminated when no longer affiliated with this Organization.

Failure to abide by this agreement may result in immediate suspension or termination of access to IRIS and may result in other enforcement or action. By signing below, I agree to the above conditions and will comply with Iowa law:

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Admin User: \_\_\_\_\_ Date: \_\_\_\_\_

*IDPH Use Only*

Date Received: \_\_\_\_\_ IRIS Org# Assigned: \_\_\_\_\_ Username Assigned: \_\_\_\_\_ Initials: \_\_\_\_\_