



Immunization Registry Information System (IRIS) Authorized Site Agreement - Organization

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

Please complete and return to the IRIS Help Desk.

Email: irisenrollment@idph.iowa.gov
www.idph.state.ia.us/ImmTB/Immunization.aspx

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: _____ Email: _____
Title (select one): Managing Physician Clinic Manager CEO Superintendent/Principal Phone: _____

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

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.
2. Abide by the IRIS 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 updated upon expiration.
 - d. Ensure each staff member requiring access has a user name and password and uses IRIS consistent with the IRIS Confidentiality Policy and Iowa law (Iowa Code § 22.7(2) and 641IAC Chapter 7).
 - e. Provide oversight to ensure that users are deactivated when no longer affiliated with this Organization.

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

Signature of Authorized Representative: _____ Date: _____

Signature of Admin User: _____ Date: _____

For IDPH Use Only

Date Received: _____ IRIS Org# Assigned: _____ Username Assigned: _____ Initials: _____