



Authorized User Agreement – Individual User Access

ALERT Immunization Information System (IIS) is a statewide registry that records vaccinations administered in Oregon. State law¹ and Oregon Administrative Rules² cover collection and release of information in ALERT IIS. By law, information is confidential and can only be shared with authorized users, including an individual’s health care provider, school, childcare facility, insurer, local health department, the individuals themselves or their parents if the person is a minor. Though information is confidential, the law allows providers to share this immunization information with ALERT IIS without consent. Information from ALERT IIS may not be used in any way to penalize an individual or organization.

As a condition of receiving immunization information from ALERT IIS as an authorized user (defined in ORS 433.090), users must agree to the following:

- 1. Only access immunization information in ALERT IIS for individuals under their care.
2. Read and abide by the ALERT IIS Confidentiality Policy.
3. Abide by all security policies and procedures, including safeguarding user name(s) and password(s) against unauthorized use.
4. Permit the ALERT IIS Director to monitor and audit users’ use of the system.
5. Access records only under the user’s own user name and password.

Failure to abide by this agreement may result in immediate termination, suspension or revocation of access to ALERT IIS. Misuse of ALERT IIS data will be reported to the appropriate licensing body.

First Name: _____ Middle Initial: _____ Last Name: _____

Name of Site/Organization in ALERT IIS
(Include name and org. code of every organization for which you need access. Use space on second page if needed): _____

Organization Address (Physical): _____ City, State, Zip: _____

Organization Address (Mailing): _____ City, State, Zip: _____

Work Phone: _____ Work Fax: _____ Work Email: _____

SIGNATURE REQUIRED

If requestor’s organization has an ALERT IIS SuperUser, this form should be kept on file with the SuperUser who will create the user account. (The ALERT IIS staff may request access to the form for audit purposes at any time.)

If the requestor’s organization has no SuperUser, this form should be submitted to the ALERT Help Desk at alertiis@state.or.us.

This form must be signed by the individual requesting access:

Signature of User: _____ Date: _____

If the individual is requesting access via the organization’s designated ALERT IIS SuperUser, this form must also be signed and kept by the SuperUser:

Signature of SuperUser _____ Date: _____

Add additional organizations on the second page of this form.

1ORS 433.090 to ORS 433.102

2OAR 333-049-0100 to OAR 333-049-0130

