

## Authorized Site Agreement Colleges, Schools, Preschools and Child Care Centers

ALERT IIS is a statewide lifespan immunization information system. The system contains immunization records of individuals who receive immunizations in Oregon from public or private providers. ALERT IIS helps health care providers and other authorized users as defined below to know an individual's immunization status.

State law<sup>1</sup> and Oregon Administrative Rules<sup>2</sup> cover collection and release of information in ALERT IIS. Under ALERT's 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 individual themselves, or their parent if person is a minor. Though information is confidential, the law allows providers to share this immunization information with authorized users 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 a post-secondary education institution (ORS 433.090), school or children's facility (defined in ORS 433.235), users must agree to the following:

1. Only access immunization information in ALERT for individuals under their care.
2. Read and abide by the ALERT Confidentiality Policy.
3. Abide by all security policies and procedures, including safeguarding user login and password against unauthorized use.
4. Permit the ALERT Director to monitor and audit users' use of the system.

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.

Name of School or Child Care: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Facility:  College/University  School  Preschool  Certified Child Care Center

Registered Child Care  School District/ESD  Other: \_\_\_\_\_

Which age groups do you serve?  0-5 yrs  6-18 yrs  19+ yrs

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Principal or Administrator: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This form must be signed by both the site's Primary Contact and Authorized Representative:

Signature of Primary Contact: \_\_\_\_\_ Date: \_\_\_\_\_

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

For Office Use Only

Date Received: _____	Date Entered: _____	Code(s) Assigned: _____	Initials: _____
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<sup>1</sup>ORS 433.090 to ORS 433.102

<sup>2</sup>OAR 333-049-0100 to OAR 333-049-0130