

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 law¹ and Oregon Administrative Rules² 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: _____ |
|----------------------|---------------------|-------------------------|-----------------|

¹ORS 433.090 to ORS 433.102

²OAR 333-049-0100 to OAR 333-049-0130