



Authorized User Agreement – Individual User

A User Agreement is required for each individual accessing OSIIS.

The information in the Oklahoma State Immunization Information System (OSIIS) contains data about individuals that is to be treated in a manner so as to preserve the confidentiality of the individuals. As an OSIIS User:

1. I will use OSIIS only for the receipt and input of patient and/or vaccine information.
2. I will access OSIIS only for the health care needs of patients or to meet reporting requirements.
3. I will adhere to the requirements in the OSIIS Confidentiality and Security Policy.
4. I will safeguard my Username and Password against use by another individual.
5. I will avoid any action that would provide information to others which could identify individuals reported in OSIIS records unless specifically authorized.
6. I will NOT make copies of an individual's OSIIS record except as authorized in the Confidentiality and Security Policy.
7. I will only discuss information on an OSIIS record as is necessary for medical care and never in a manner or location that would reveal the individuals identity to unauthorized individuals.

The information received in OSIIS is important for patient care, legal, statistical and research purposes. It is essential that the general public is confident OSIIS users respect their privacy and maintain confidentiality of the information within OSIIS. Statutory and regulatory requirements make it essential that users follow the rules outlined above. Your cooperation and assistance in maintaining the confidentiality is vital. A violation of this confidentiality agreement is grounds for disciplinary action, which may result in dismissal from using OSIIS and/or legal prosecution.

I have read the above information and the OSIIS Confidentiality and Security Policy. I understand the importance of and agree to uphold the confidentiality rules of OSIIS.

Date: _____ Site Name: _____

Site Address: _____

OSIIS Provider ID: _____

User's Name (print): _____
First Middle Last

User's Signature: _____

User's Occupation: _____

This OSIIS Site Administrator for each clinic will keep signed agreements on file at their clinic for each OSIIS user. The agreement must be renewed annually and kept on file for 3 years.