

To participate in IRIS, this Organization and Administrative User agree to the following:

1. Read and abide by the IRIS Security and Confidentiality Policy, including safeguarding username(s) and password(s) against unauthorized use. Access records only under the user's own username and password.
2. Only access immunization and other health screening information in IRIS for individuals to whom the organization provides services or as necessary to perform a legally authorized function of the organization.
3. Will not impose a charge or fee to the patient for use of IRIS or for any information obtained from IRIS.
4. Enter data timely and accurately, and not knowingly enter invalid/false data, falsify any document or data obtained from IRIS.
5. Assure Individual User Agreements are completed for each user.
6. 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 Iowa HHS staff upon request.
 - c. Ensure Individual User Agreements are maintained and updated as needed.
 - d. Ensure each staff member requiring access has a username and password and uses IRIS consistent with this agreement, the IRIS Security and Confidentiality Policy and Iowa law (Iowa Code § 22.7(2) and 641 IAC Chapter 7).
 - e. Provide oversight to ensure users are terminated when no longer affiliated with this Organization.

Failure to abide by this agreement may result in immediate suspension or termination 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 User: _____ Date: _____
A typed signature is acceptable.

Signature Admin User: _____ Date: _____
A typed signature is acceptable.

Please allow 3-5 business days for processing. Send completed requests to the following:

Email Address:

IRISProgram@hhs.iowa.gov

Mailing Address:

IRIS – Immunization Program
Lucas State Office Building, 5th Floor
321 E 12th Street
Des Moines, IA 50319-0075

Internal Use Only

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