



**Immunization Registry Information System (IRIS)  
Authorized Site Agreement-Organization**

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Name of Site/Organization: \_\_\_\_\_ VFC PIN: \_\_\_\_\_

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

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

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Name of Primary Contact/Admin: \_\_\_\_\_

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

Name of Authorized Representative: \_\_\_\_\_

Title (select one): Managing Physician Clinic Manager CEO Superintendent/Principal

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

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Organization Type: Private Clinic Local Public Health RHC/FQHC Hospital Pharmacy  
Long Term Care Center College/University Department of Corrections State Agency  
Family Planning Head Start WIC K-12 School Other: \_\_\_\_\_

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**Planned use of IRIS**

Immunization: Web Entry/User Interface Data Exchange View Only

School Match: Vendor Name \_\_\_\_\_

Vision: Web Entry/User Interface (to view and record vision screening results) View Only

School and Child Care Audits (Local Public Health Agencies only):

LPHA Org Admin  LPHA Standard User

Refugee Health (available only to providers conducting initial refugee health assessments):

Web Entry/User Interface View Only

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In order to participate in IRIS, this Organization agrees 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 name 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 Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Admin User: \_\_\_\_\_ Date: \_\_\_\_\_

A typed signature is acceptable.

Send completed requests to the following:  
IRIS - Immunization Program Lucas State Office Bldg., 5th Floor  
321 E 12th Street Des Moines, IA 50319-0075  
Phone: (800) 374-3958  
Fax: (800) 831-6292  
Email: [irisenrollment@hhs.iowa.gov](mailto:irisenrollment@hhs.iowa.gov)

*Internal Use Only*

Date Received: \_\_\_\_\_ IRIS Org #: \_\_\_\_\_ Username: \_\_\_\_\_ Initials: \_\_\_\_\_