



# Immunization Registry Information System (IRIS) Authorized User Agreement - Individual User

IRIS –Immunization Program  
Lucas State Office Bldg., 5<sup>th</sup> Floor  
321 E 12<sup>th</sup> Street  
Des Moines, IA 50319-0075  
Phone: (800)374-3958  
Fax: (800)831-6292  
Web: [www.idph.state.ia.us/ImmTB/Immunization](http://www.idph.state.ia.us/ImmTB/Immunization)

**To be kept on file with Organization Admin User.  
Do not send to IDPH.**

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First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name of Site/Organization: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Primary Contact/Admin User Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Iowa's Immunization Registry Information System (IRIS) is a statewide database of immunization histories and health screenings maintained for the purposes of reminding patients of needed immunizations, facilitating vaccine inventory management, and providing organizations with the ability to search for and update patient records and to assess the need for immunizations and health screenings.

In order to participate in IRIS, the Individual User agrees to the following:

1. Read and abide by the [IRIS Security and Confidentiality Policy](#), including safeguarding user name(s) and password(s) against unauthorized use.
  2. Use IRIS consistent with this agreement, the [IRIS Security and Confidentiality Policy](#) and Iowa law (Iowa Code § 22.7(2) and 641 IAC Chapter 7).
  3. 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.
  4. Agree not to impose a charge or fee to the patient for use of IRIS or for any information obtained from IRIS.
  5. Enter data timely and accurately, and not knowingly enter invalid/false data, falsify any document or data obtained from IRIS.
  6. Access records by only using the user's personal user name and password.
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**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.**

This form must be signed by both the user requesting access and the organization's Admin User.

Signature of User: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Admin User: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This form must be kept on file with the Admin User and available to Immunization Program staff by request for audit purposes.

*For Tracking Purposes Only*

Username Assigned: _____	Date Activated: _____	IRIS Clinic ID Number: _____
User Terminated/Deactivated: <input type="checkbox"/>	Date: _____	