



**Immunization Registry Information System (IRIS)
Individual User Agreement**

To be kept on file with Organization Admin User. Do not send to Iowa HHS

First Name: _____ Middle Initial: ____ Last Name: _____

Name of Site/Organization: _____

Physical Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Primary Contact/Admin Username: _____

Title: _____ Phone: _____ Email: _____

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, this Individual User 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. 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 username and password.

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: _____

A typed signature is acceptable.

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

Username Assigned: _____ Date Activated: _____ IRIS Org Code: _____

Date User Terminated/Deactivated: _____