

USIIS Schools & Early Childhood Programs Enrollment Agreement

SCHOOL/FACILITY INFORMATION (All fields must be completed)		
School/Facility Name:		
School/Facility Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
Mailing Address (if different):		
City:	State:	Zip Code:
USIIS Contact:		
Contact's email address:		
School District (required if applicable):		
Name of School Information System:		
Child Care Center license # (required if applicable):		

FACILITY TYPE (Select facility type)	
<input type="checkbox"/> School District <input type="checkbox"/> Public School <input type="checkbox"/> Head Start Program <input type="checkbox"/> Other Early Childhood Program	<input type="checkbox"/> Private School <input type="checkbox"/> Charter School <input type="checkbox"/> Child Care Center <input type="checkbox"/> Other: _____

PRINCIPAL OR EQUIVALENT
<p>Instructions: <i>The principal, facility director or official signing the agreement must be authorized and accountable for compliance by the entire organization with the conditions outlined in the agreement. The individual listed here must sign the schools and early childhood programs enrollment agreement.</i></p>
Last Name, First, MI:
Title:

PRINCIPAL or EQUIVALENT AGREEMENT
<p><i>To participate in and receive access to USIIS, I agree to the following conditions on behalf of myself and all the staff associated with the school/ facility of which I am the principal, facility director or equivalent:</i></p>

The Utah Statewide Immunization Information System (USIIS) is a confidential computerized immunization information system operated and maintained by the Utah Department of Health & Human Services (DHHS). It is a tool to aid health careproviders and community partners by sharing Utah residents' immunization information. USIIS is only available to authorized users. Immunization records will be included in USIIS unless individuals or parents/guardians withdraw.

USIIS is developed under the authority of the following provisions of the Utah Code: Title 26, Chapter 3, Health Statistics; Title 26, Chapter 6, Communicable Diseases Control Act, Section 26-1-17.5; Title 53A, Chapter 11, Part 3, Immunization of Students; and Utah Administrative Rule R386-800 Immunization Coordination.

As required by Section 63-46a-3(5), any person who violates any provision of the rule may be assessed a civil money penalty as provided in Section 26-23-6.

As a condition of participating in USIIS, I agree to the following conditions on behalf of myself and all the staff associated with this school/facility of which I am the principal, facility director, or equivalent:

1.	I will use USIIS only for the receipt of student or vaccination information and the input of student and vaccination information.
2.	I will access USIIS only when needed to assure adequate immunization of a student, to avoid unnecessary immunizations, to confirm compliance with immunization requirements, and to control disease outbreaks.
3.	I understand USIIS services and related data is the property of Utah Department of Health & Human Services (DHHS). DHHS retains all rights in USIIS and grants the facility a non-exclusive license to use the service.
4.	I have read and will adhere to the requirements of the USIIS Confidentiality and Security Policy.
5.	I will ensure staff safeguard their issued USIIS usernames and passwords against use other than allowed by the USIIS User Confidentiality and Security Agreement. I understand that I am responsible for the actions of staff regarding the confidentiality of information contained in the system. Any use, unauthorized disclosure, or dissemination of confidential information is in violation of the USIIS Confidentiality and Security Policy and may result in significant criminal or civil penalties.
6.	I will immediately notify the Utah USIIS Program of any unauthorized use or disclosure of, or any unauthorized access, or any theft or loss of data I suspect or that comes to my attention.
7.	I will notify the Utah USIIS Program when a user terminates employment so that the user's access can be removed, thereby maintaining the confidentiality and security of the system.
8.	I will provide USIIS with demographic and immunization information about students receiving vaccinations in the facility. I will submit all immunization information (historical non-administered and/or administered) to USIIS promptly after obtaining it and in accordance with the Family Educational Rights and Privacy Act (FERPA) where applicable.
9.	I will allow parents/guardians to inspect, copy, and if necessary, amend or correct their child's immunization record if he/she demonstrates that record is incorrect. The corrected information shall be entered into USIIS or a local system and sent to USIIS via a data interface, and in accordance with the Family Educational Rights and Privacy Act (FERPA) where applicable.
10.	I will cooperate with the DHHS in notifying individuals or parents/guardians about the USIIS system and provide information about their right to withdraw from the system. Information will be available to individuals and parents/guardians who wish to withdraw. DHHS is responsible for withdrawing the child or individual from USIIS.
11.	I will not sub-license, distribute, sell, supply, modify, adapt, amend, incorporate, merge or otherwise alter the USIIS web-based system. I will not attempt to decompile, reverse engineer, otherwise disassemble or attempt to derive any source code relating to the USIIS service.
12.	DHHS may terminate all current and future access to USIIS at any time for failure to comply with these conditions. Or, I may terminate this agreement at any time.

By signing this form, I certify on behalf of myself and all staff in this facility, I have read and agree to the USIIS enrollment conditions listed above and understand I am accountable for compliance with these conditions.

Principal or Equivalent Name (print):	
Signature:	Date:

*This record is to be submitted to and kept on file with the Utah Department of Health & Human Services USIIS Program.
A copy of this completed document is considered the same as the original. Send emailed form to:
usiistracking@utah.gov
Send faxed form to: 801.538.9440*

Utah USIIS Program Use	Date received: _____
Facility Type: <input type="checkbox"/> Public School/District <input type="checkbox"/> Private/Charter School <input type="checkbox"/> Early Childhood <input type="checkbox"/> Head Start <input type="checkbox"/> Day Care	
Center Approved By: _____	Date: _____ UCMS Date: _____