



**California Immunization Registry (CAIR) -San Diego Regional Immunization Registry (SDIR)
User Access Guidelines Form**

The **CAIR-SDIR** is designed to store and track immunization records for individuals of all ages. Authorized users submit demographic and immunization data and other health screening test dates and results, as well as run detailed and/or summary reports through established system procedures based on user role & permissions. In addition, information residing in the application must not be disclosed except as permitted by California Health and Safety Code 120440 and HIPAA guidelines. In accordance with privacy and security legislations that impact the California Immunization Registry, the system must be as secure as is reasonable to support the confidentiality, integrity and availability of the information. The San Diego Regional Immunization Registry (SDIR) is committed to protecting the information from unauthorized access, use, or disclosure and has established requirements for handling and protecting information obtained from the immunization registry. By initialing each section and signing the guideline form, you acknowledge and understand the following are your responsibilities:

- ___ 1. I will only access the CAIR-SDIR for which I have a legitimate business purpose; to accomplish the responsibilities of my employment.
- ___ 2. All information is confidential and my access is restricted to my legitimate need to know for business purposes.
- ___ 3. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any unauthorized person.
- ___ 4. I will print information only when necessary for a legitimate business purpose.
- ___ 5. I understand that printed information must be stored in secured locations established by the County or provider/contractor.
- ___ 6. All patient/client identifiable information must be shredded or disposed of in a designated locked confidential disposal bin when no longer needed.
- ___ 7. My access and use of the CAIR-SDIR is subject to routine, random, and undisclosed monitoring/audit for compliance purposes.
- ___ 8. Failure to comply with my responsibilities will result in immediate termination of my CAIR-SDIR access.
- ___ 9. Upon receipt of my user name for this application I agree to create a unique user password. I acknowledge it is my responsibility to maintain this password in a confidential manner and it is not to be shared with anyone. The password is my signature for accessing the CAIR-SDIR system. The password will ensure that the data for which I am responsible will not be available to anyone else; therefore, it is mandatory that my password and the data accessed be kept strictly confidential.
- ___ 10. I will not access or use information from the CAIR-SDIR for personal use.
- ___ 11. I will promptly notify my manager/supervisor or the Immunization Branch-SDIR of any indication of misuse or unauthorized disclosure of information obtained from the CAIR-SDIR.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT FOR THE USE OF THE CAIR-SDIR SYSTEM. I HAVE HAD MY QUESTIONS FULLY ADDRESSED, AND HAVE RECEIVED A COPY FOR MY PERSONAL RECORDS.

Signature _____ Date _____

PRINT Your Name _____

Witness _____ Date _____

Provider/Agency name _____

User Site Street Address: _____

City: _____ State: _____ Zip code: _____

Email: _____