



Authorized Site Agreement – Health Plans, IPAs, Parent Organizations

ALERT Immunization Information System (IIS) is a statewide registry that records vaccinations administered in Oregon. State law and Oregon Administrative Rules cover collection and release of information in ALERT IIS. By law, information is confidential and can only be shared with authorized users, including an individual’s health care provider, school, childcare facility, insurer, local health department, the individuals themselves or their parents if the person is a minor. Though information is confidential, the law allows providers to share this immunization information with ALERT IIS without consent. Information from ALERT IIS may not be used in any way to penalize an individual or organization.

As a condition of participating in ALERT IIS, users in this plan/organization/association must agree to the following:

- 1. Collaborate with ALERT IIS staff to submit any available current and historical immunization data on its enrollees in a timely fashion to ALERT IIS.
2. Utilize ALERT IIS to facilitate or conduct outreach to under-immunized patients or plan enrollees.
3. Actively promote participation in ALERT IIS to plan or organization providers.
4. Assure that each of its plan providers and individual users who participate in ALERT IIS and have access to ALERT IIS data will abide by the terms of this and any other signed Site Agreements, specifically to:
a. Only access immunization information in ALERT IIS and/or via interfaces with ALERT IIS for individuals under their care or enrolled in their plan.
b. Read and abide by the ALERT IIS Confidentiality Policy.
c. Provide oversight as the responsible party to ensure that all security policies and procedures are enforced, including safeguarding user name(s) and password(s) against unauthorized use, and that users are deactivated when no longer affiliated with the authorized site.
d. Permit the ALERT IIS Director to monitor and audit users’ use of the system.
5. If ALERT data is accessed through a third-party or Electronic Health Record interface, ensure the parent organization functions as the responsible entity to oversee appropriate access and authentication of users.
6. For the purposes of HEDIS reports (where applicable) and other performance measures, coordinate with the ALERT IIS staff to submit a file to ALERT IIS with the name, date of birth, gender, unique identifier, and other essential identifying demographic data for each enrollee whose immunization status is assessed.
7. Agree to all the provisions of Oregon Revised Statutes 433.090 through 433.102 and Oregon Administrative Rules 333-049-0100 through 333-049-0130, the ALERT IIS Confidentiality Policy, and all policies and procedures specified by the Director of ALERT IIS.

Please provide all of the information requested on both pages of this agreement. Failure to provide information may delay your access to ALERT IIS.

Name of Organization: \_\_\_\_\_

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

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

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

Organization Type (check all that apply): [ ] Health Plan [ ] IPA [ ] Parent Org [ ] Other: \_\_\_\_\_

Primary Contact First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Authorized Representative (e.g., Executive Director, CEO, Managing Physician): \_\_\_\_\_

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

Will this organization be submitting and/or accessing data for multiple locations/sites?  Yes  No  
If yes, please list on following page, or submit list of participating sites with location information  
(note: these sites will also need to sign location-specific Clinic or Organization Site Agreements)

Additional Clinic/Site Locations:

Name of Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_

If additional space is needed, please submit an attached list of participating sites with location information

This form must be signed by both the organization's Primary Contact and Authorized Representative.

Failure to abide by this agreement may result in immediate termination, suspension, or revocation of access to ALERT IIS. Misuse of ALERT IIS data will be reported to the appropriate licensing body.

Signature of Primary Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Date Received: _____	Date Entered: _____	Date Data Exchange Info Entered: _____	Initials: _____
Code(s) Assigned: _____			
_____			

<sup>1</sup>ORS 433.090 to ORS 433.104

<sup>2</sup>OAR 333-049-0100 to OAR 333-049-0130