



COLORADO

Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

Colorado Immunization Information System Participating School or Child Care Facility Letter of Agreement

Date:

Name of School/School District/Child Care:

Address:

City, State Zip:

Pursuant to C.R.S. § 25-4-2403, the Colorado Department of Public Health and Environment (CDPHE), operates a web-based immunization registry, the Colorado Immunization Information System (CIIS). CIIS is a confidential, computerized, population-based system that collects and consolidates vaccination data and provides tools for designing and sustaining effective immunization strategies to prevent disease and reduce healthcare costs.

The term "Participating School" refers to the entity identified at the top of this Letter of Agreement (LOA). Per C.R.S. § 25-4-901, Schools are defined as a public, private, or parochial nursery school, day care center, child care facility, family child care home, foster care home, head start program, kindergarten, elementary or secondary school through grade twelve, or college or university. By returning a signed copy of this LOA you acknowledge and confirm that: 1) you are authorized to sign this LOA on behalf of the Participating School, 2) the Participating School is a Colorado School as defined in C.R.S. § 25-4-901, 3) the Participating School will only permit access to the disclosed information for clinical, quality improvement and school entry law purposes, 4) the Participating School will treat all information in CIIS as confidential, 5) the Participating School will only disclose information to CIIS from official immunization records (e.g. Colorado Yellow Card with immunizations listed and signature of administering provider, clinic record with physician's office stamp/notation, other state immunization record, etc.), 6) if the Participating School discloses information to CIIS, it has provided notice to individuals, parents or guardians as required by C.R.S. § 25-4-2403, stating that the individual, parent or guardian can choose to have their (or their child's) immunization information excluded from CIIS, 7) it is the responsibility of the Participating School to follow all statutes set forth by federal, state, or local entities in regards to disclosure of official immunization records, 8) the Participating School is responsible for the provision and maintenance of any necessary computer hardware, network connections, telecommunication lines, and internet access which may be necessary for the school's participation in CIIS, and 9) the Participating School is responsible for ensuring that all persons or entities (including staff, students, volunteers, contractors and agents) who access information through CIIS are authorized to receive access to such information and will comply with all applicable laws, regulations and CIIS policies, including the CIIS Confidentiality Policy and the CIIS Security Policy. The CIIS Confidentiality Policy and CIIS Security Policy are reviewed and potentially revised at least annually. You may obtain a copy of current policies at www.ColoradoIIS.com. CIIS agrees to: 1) provide and maintain a secure and functional immunization registry, 2) provide ongoing technical assistance and support to facilitate access to and use of the system, and 3) investigate and resolve potentially inaccurate data.

To terminate your access to and participation in the CIIS program, please email us at CDPHE.CIIS@state.co.us at least 30 days prior to your planned termination date. Please note that CDPHE will not delete any data sent to CIIS by any Participating School prior to a school's termination of participation.

By: _____
Participating School/School District/Child Care Representative Printed Name

Date: _____

By: _____
Participating School/School District/Child Care Representative Signature

Date: _____

By: _____
Heather Roth, MA
Colorado Immunization Information System Program Manager

Date: _____

May 2016





**COLORADO IMMUNIZATION INFORMATION SYSTEM (CIIS)
SCHOOL SITE INFORMATION FORM**



Instructions: Use this form to share important information about your site with CIIS. *You can only complete this form if your site has a signed Letter of Agreement with CIIS.* Please complete the form and either fax it to 303.758.3640 or email it to CDPHE.CIIS@state.co.us.

NOTE: All fields marked with * are required.

Have questions on how to complete this form? Call us toll-free at 1.888.611.9918, option #1, or 303.692.2437, option #2.

*Date _____

SCHOOL SITE INFORMATION - Please PRINT clearly.

*School District	
*County	
*Superintendent	
*Superintendent Phone Number	
*Superintendent Fax Number	
*Superintendent Email	

MAIN DISTRICT CONTACT - Please PRINT clearly.

*Contact Name and Title	
*Phone Number	
*Fax Number	
*Email Address	

SCHOOLS IN DISTRICT

ELEMENTARY

School Name	Address	School Nurse	Phone	Fax

MIDDLE

School Name	Address	School Nurse	Phone	Fax

HIGH SCHOOL

School Name	Address	School Nurse	Phone	Fax

Copy this form as needed for additional schools.

- CIIS Office Use Only -

Site Code: _____	Entered into production by: _____	Date: _____
	Entered into CRC by: _____	Date: _____



**COLORADO IMMUNIZATION INFORMATION SYSTEM (CIIS)
SCHOOL SITE ADMINISTRATOR FORM**



Instructions: Use this form to designate a CIIS Site Administrator for your site. *You can only complete this form if your site has a signed Letter of Agreement with CIIS.* Please complete the form and either fax it to 303.758.3640 or email it to CDPHE.CIIS@state.co.us.

NOTE: All fields marked with * are required.
Have questions on how to complete this form? Call us toll-free at 1.888.611.9918, option #1 or 303.692.2437, option #2.

* Date _____

PARTICIPATING SCHOOL SITE INFORMATION

	Please PRINT clearly.
*School District Name	
*School District Address	
Site Suite, Floor or Building Number	
*City, State and Zip Code	
*School District Phone Number	
*School District Fax Number	

CIIS SCHOOL SITE ADMINISTRATOR INFORMATION

	Please PRINT clearly.
* CIIS Site Admin Name	
*Position/Title	
*Site Admin Direct Phone Number	
*Site Admin Direct Fax	
*Site Admin Email Address	
*Hours Available	

*What is the best way to contact you? Phone Email

Are you replacing the previous CIIS Site Administrator for your school? Yes No

***CIIS School Site Administrator Responsibilities Agreement**

I understand that by accepting the role of CIIS School Site Administrator, I am:

- Required to approve the creation, deletion or inactivation of any user accounts for my site
- The sole authority for account approval - no account creation will occur without my approval and signature
- The point of contact for account verifications, system alerts and policy changes
- Responsible for ensuring that my staff:
 - Comply with all applicable laws, regulations and CIIS policies
 - Access immunization information only to ensure compliance with Colorado school entry laws and regulations for enrolled students
 - Treat all information in CIIS as confidential
 - Not release or re-disclose any information in CIIS to any unauthorized person
 - Not allow another person to use their account information to access CIIS
 - Receive training on the appropriate use of CIIS
- Responsible for notifying CIIS if staff members leave site and require account inactivation
- Responsible for notifying CIIS at least one week in advance that I am no longer able to perform these tasks to allow for the transition to a new CIIS Site Administrator.

*Site CIIS Administrator Signature: _____

- CIIS Office Use Only -		
Site Code: _____	Entered into production by: _____	Date: _____
	Entered into CRC by: _____	Date: _____