

Iowa Department of Public Health

New User Request Form

Iowa's Immunization Registry Information System – Certificate Search (IRIS-CS)

Please complete (print clearly, and in ink) and mail original signed form to the address at the bottom of this document. After the IRIS staff has processed the new user request, the account setup information will be distributed to the e-mail and mailing address you have provided below.

Name (First, Middle, Last): _____

E-mail: _____ Date of Birth: ____/____/____

Driver's License #: _____ Issuing State of DL #: _____

Mother's Maiden Name: _____ Phone #: (____) _____

(For Schools Only) District #: _____

(For Schools Only) District: _____

School / Agency Name: _____

Mailing Address: _____

Your signature below attests that you fully understand and agree with the Non-Disclosure Agreement below.

New User Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

FOR BUREAU OF IMMUNIZATION AND TUBERCULOSIS USE ONLY:

IRIS-CS Security Rights (select only one): User install application Admin (Ability to

User ID: _____ NT User ID: _____

Date Created: ____/____/____ Date User Advised: ____/____/____

NON-DISCLOSURE AGREEMENT

I understand that information managed by the Iowa Department of Public Health (IDPH) includes information that is confidential in nature and is protected by the Code of Iowa and the Iowa Administrative Code. I also understand that violation of this confidentiality could result in termination of contract and criminal prosecution.

As a user of the IDPH computer network, I may be provided the means to access Immunization Registry Information System – Certificate Search "IRIS-CS" which may, or may not, be private or confidential, and understand that it is a violation of this agreement to read, copy, modify, delete, or otherwise access these materials unless required to complete my assigned duties.

I understand that I must not discuss any details of private or confidential data with anyone outside of the agency, school or school district unless required to complete assigned duties, and the person being provided the information is authorized to see it.

MAIL ORIGINAL SIGNED FORM TO: Iowa Department of Public Health Bureau of Immunization and Tuberculosis 321 E. 12th St. Des Moines, IA 50319-0075 ATTN: Kim Tichy