

****DO NOT RETURN – KEEP FOR YOUR SCHOOL’S RECORDS****

**WISCONSIN IMMUNIZATION REGISTRY (WIR)
USER SECURITY AND CONFIDENTIALITY AGREEMENT**

Organization Name: _____

User Name: _____

Organization Address: _____

City State Zip

By signing this agreement, I agree to:

- Comply with the Wisconsin Immunization Registry (WIR) Security and Confidentiality Agreement – DPH 42008 and my organization's normal protocol for releasing identifying immunization information for clients.
- Participate and provide immunization data to the Wisconsin Immunization Registry.
- Handle WIR identifying information on clients in a confidential manner.
- Enter data timely and accurately.
- Not knowingly enter invalid/false data, falsify any document or data obtained through the WIR.
- Use the WIR to access information and generate documentation only as necessary to properly conduct the administration and management of immunizations.
- Carefully and deliberately safeguard my user ID and password for the WIR and not permit the use of that ID by any other person, unless expressly authorized by WIR staff.
- Not furnish identifying information or documentation obtained from the WIR to individuals for personal use nor to any individuals who have no duties relating to the administration, recording and reviewing of immunizations.
- Not attempt to copy the database or software used to access the WIR database without written consent from the Wisconsin Department of Health and Family Services (DHFS).
- Promptly report to WIR staff any threat to or violation of the WIR Security and Confidentiality Agreement.
- Allow DHFS staff and the assigned agents to audit my WIR transactions to ensure compliance with the WIR Security and Confidentiality Agreement.

I have read, understand, and agree to abide by the WIR Security and Confidentiality Agreement and the above requirements. I understand that, if I violate WIR confidentiality requirements, my access to WIR data can be terminated and I may be subject to penalties imposed by law.

SIGNATURE - User

Date Signed

Print Title of User

Telephone Number