



Pennsylvania Statewide Immunization Information System User Agreement Acknowledgement (School)

All information within the records maintained in the Pennsylvania Statewide Immunization Information System (PA-SIIS) is to be held strictly confidential. The information seen or heard in the course of business is not to be discussed outside of the office – not even with family. All patients are to know that no employee will discuss or reveal any information about them except within the context of delivery of services or as authorized by their release, subpoena, or law.

According to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule 45 CFR 164.512 (b), and Disease Prevention and Control Law, Title 28 Chapter 27 Communicable and Non-communicable Disease Regulations, protected health information may not be released or disclosed to anyone except to public health authorities for public health activities. The public health activities are defined in the PA-SIIS Confidentiality Policy (see Section II: Notification).

I understand that I may be held personally responsible for any violation of this agreement and that my liability may include payment of damages and other penalties as provided by law. The penalties for breach of this confidentiality are located in the PA-SIIS Confidentiality Policy (see Section V: Penalties for Unauthorized Disclosures).

My signature below indicates that I have read the PA-SIIS Confidentiality Policy, understand the content, and agree to abide by its terms.

School District Name (print): _____

School Name (print): _____

Employee Name (print): _____

Employee Job Title (print): _____

Employee Signature/Date: _____ MM/DD/YYYY

Employee E-mail (for sending access credentials): _____

Immediate Supervisor Name (print): _____

Immediate Supervisor Signature/Date: _____ MM/DD/YYYY