

PIN:
IRMS:

2016 Vaccines for Children (VFC) Program Arizona State Immunization Information System (ASIIS) User Information

Primary contact for Immunization Data: _____

Email: _____

Please list the full name and email for each staff member who will use the ASIIS web application for the purposes of ordering VFC Program vaccine through ASIIS. ****If you have ASIIS user changes during the 2016 program year please submit an updated form to ASIIS at: ASIISHelpDesk@azdhs.gov****

1. Name: _____ 2. Name: _____

Email: _____ Email: _____

Primary contact for VFC vaccine ordering: _____

Permanent practice email: _____

Backline phone number: _____

User will use the following methods to report immunization information to the ASIIS

Registry:

Web Application (Direct access to the registry via the internet)

Practice Management (PMS)/Billing System

Electronic Medical Record (EMR)

Name of PMS/EMR: _____ Name of Vendor: _____

Please list the full name, email and select a user privilege for each new and current staff members who will use the web application.

- View Privilege means you can only look at the patient record and immunization record.
- Edit Privilege means you can view, add and make changes to patient and immunization record.

	Name	Email Address	Privilege	
1.			View	Edit
2.			View	Edit
3.			View	Edit
4.			View	Edit
5.			View	Edit
6.			View	Edit
7.			View	Edit
8.			View	Edit

ASIIS is a computer based immunization registry and tracking system implemented by the Arizona Department of Health Services and its partners. It is intended to aid health care professionals and other users who have a need to check a client's immunization status according to A.R.S § 36-135, R9-6-707, and R9-6-708. Through ASIIS, providers can place orders for publicly funded vaccines to provide to children eligible to receive VFC vaccines. Client-specific information and vaccine ordering privileges are only available to authorized users and the Arizona Department of Health Services. The Users enters into this agreement with the Arizona Department of Health Services and agree to adhere to all requirements that are listed in the *Pledge to Protect Confidential Information*.