

Introduction

What is the San Diego Regional Immunization Registry?

The San Diego Regional Immunization Registry (SDIR), part of the California Immunization Registry (CAIR) is an web-based electronic immunization information system that includes patient data from authorized health care and human services providers in the San Diego County area. Operated by the County of San Diego Health and Human Services Agency's Immunization Branch, SDIR is a tool that facilitates the sharing of an individual's immunization history via the internet. This enables the person's health care provider, child care facility and/or school to identify what shots that individual has received and those that are needed. The information in the San Diego Regional Immunization Registry is confidential, that is, only authorized users can view it and securely protected from outside intrusion.

The San Diego Regional Immunization Registry is a tool helps health care providers, schools, child care centers and human services programs effectively and efficiently manage their immunization management and delivery activities.

What Services does the SDIR Offer Providers?

At no charge, SDIR will:

- ✓ Assess the practice office flow and technological readiness for the registry
- ✓ Provide staff training and support resources
- ✓ Show staff how to run vaccine and patient management reports
- ✓ Provide data quality review to assure the accuracy, completeness, timeliness and validity of the data your practice is adding to the SDIR

Registry Provider Liaison

The Registry Provider Liaison (RPL) coordinates presentations to prospective providers, offering details and documentation of the many benefits of participating in the Registry.

When you choose to participate with SDIR, you will be assigned an RPL. The RPL will assess your site's physical layout and operational procedures (equipment, patient flow, paper stream, etc.) to ensure that your practice gets the most out of the Registry. Your RPL will work with SDIR technical staff to implement the program within your practice, and will provide detailed training to all staff who will be involved in its use. When the Registry is fully functional in your practice, the RPL will continue to provide support and training to you and your staff.

SDIR Help Desk

The SDIR Help Desk is available from 8:00 a.m. to 5:00 p.m., Monday through Friday, to answer questions about SDIR and assist with problems you may experience. You can visit our website at (<http://www.sdiz.org/cair-sdir/index.html>) or refer to the FAQ section of this manual. If these don't adequately address your problem, please phone us at (619) 692-5656.



Please provide the SDIR with your feedback!

There is a “If You Have A Bug” form available for users to send to report issues and problems that they may have with the SDIR. The Help Desk also invites users to suggest ways to improve the registry. Suggestions for improvement can be submitted by sending “User Suggestion Form .” Both forms are found on the SDIR section of the San Diego County Immunization Coalition’s website at:

<http://www.sdiz.org/cair-sdir/forms&statements.html>

SDIR & Immunization Online Resources

Accessing the [SDIR/San Diego Immunization Information Website](#): Click on the link [SDIR/San Diego Immunization Information Website](#) on the left hand side of the main SDIR log-in screen. SDIR Home Page (Navigate this page using the links on the left hand side of the screen.

Registry Support

Help Desk – The Registry Help Desk contact information.

Registry Provider Liaison – Your RPL’s contact information.

Registry User Update – Any new information about the Registry will be posted here.

SDIR Release Information – Any new release information will be posted here.

SDIR Forms & Statements – You may download and print the Disclosure Statement & the Start/Stop Sharing forms directly from the web.

SDIR User Manual & Demos – The entire user manual is available on-line; we also have a Flash animated version right at your finger tips. Just choose the user level that represents your level.

Vaccine Information

VIS Statements – You may print & download the most current Vaccine Information Statements.

Pink Book – Epidemiology & Prevention of Vaccine-Preventable Diseases. If you would like more detailed information about a particular vaccine or vaccine-preventable diseases, you may download the most up-to-date information available.

Ordering Immunization-Related Materials Online

Go to www.sdiz.org. On the left side column under “Resource Areas”, click on the “**Materials Catalog**” link. On the Online Materials Ordering Page select the appropriate link (e.g., Clinic & Provider Materials, School, Childcare, WIC, etc). Put in the number of materials you wish to order (in quantities of tens). Scroll down to the bottom of the page and fill in your ordering information. Designate if this is a pick-up or shipping order then click submit. Call **619-692-8661** with any questions or problems.

Disclosure

The California Health and Safety Code, Section 120440, authorizes the local health officer to operate an immunization information system (registry) and allows authorized health care providers and other approved agencies to exchange immunization information electronically unless a patient (or patient's parent or guardian) declines participation in the system.

It is the responsibility of the San Diego Regional Immunization Registry (SDIR), as well as each provider and each user to ensure that confidentiality is maintained throughout the system. Parents/legal guardians and patients must be informed that their child's or their own immunization record will be shared and that they have rights as outlined in the San Diego Regional Immunization Registry Disclosure Statement (refer to the Disclosure Statement in this section).

Health care providers that administer vaccines and participate in the SDIR shall have a written policy and procedure as well as train and monitor their staff to assure disclosure compliance. State law requires that all parents/legal guardians or adult patients be given the SDIR Disclosure form (available in English and Spanish) at the time of a clinical visit to review and keep with their health records at home.

Provider offices can also post the SDIR poster (available in English and Spanish) in the waiting or exam rooms to complement, but not supplant, the disclosure form given to the parent/legal guardian or adult patient.

The provider or designated staff should also verbally tell parents/patients their right to review their child's or their own immunization record and correct or update the demographic or immunization information if needed.

Providers should also inform parents/patients that they have a right to decline to have their child's or their own immunization record shared with other doctors and users of SDIR. Their record will still be entered in the SDIR however it will be "locked" so that only their current health care provider can see the demographic and immunization information. The decision to unlock the electronic immunization record can be made at any time by having the parent/legal guardian or adult patient sign the "SDIR Stop/Start/Decline to Receive Reminders" form (available in English and Spanish). The "SDIR Stop/Start/Decline to Receive Reminders" form shall be retained in the patient's medical record.

In addition, the parents/patients can decline to receive reminder notices informing them when they or their child is due for an immunization. This request to decline or reverse a prior decision to decline reminders can be made at any time by having the parent/legal guardian or adult patient sign the "SDIR Stop/Start/Decline to Receive Reminders" form (available in English and Spanish).

Parents/patients also have the right to review which authorized users have seen their child's or their own immunization record.

Important Note: SDIR Read-Only users such as most schools and child care providers do not need to disclose to patients/parents since they are not entering immunization information into the registry. (They are also unable to change the sharing status of the record.)



Information on a Computer Record of Vaccines



Vaccines are very important for health, but keeping track of them can be difficult, especially if a person has seen more than one doctor. An immunization registry stores vaccine (or "shot") records electronically. You have the right to choose if you want your or your child's shot record shared in a California Immunization registry. Please read this form to help you decide. If you have questions, please call the Help Desk at (619) 692-5656.

How Does a Registry Help You?

- Helps to make sure that a person doesn't miss any shots or get too many shots
- Reminds you by mail or telephone when you or your child needs shots
- Allows you to get a new copy of the shot record from the doctor quickly
- Makes sure your child has all of the shots needed to start child care or school

How Does a Registry Help Your Health Care Team?

Doctors, nurses, health plans, and public health agencies may use the registry to:

- See which shots you or your child needs
- Remind you about the shots you or your child needs
- Help protect you, your child, and the public from diseases

Schools, child care centers, family child care homes, WIC programs, foster care agencies, and welfare departments may use the registry to:

- See which shots are needed for children in their programs
- Make sure that these children have all of the shots needed to start child care or school

What Information Can Be Shared in a Registry?

Registry shot records include:

- A person's name, sex and place of birth
- parents' or guardians' names (for child under 18 years of age)
- other information allowed by law to help identify a person
- details about shots given to you or your child

Only doctors, nurses, health plans, and public health departments may see a person's address or phone number in the registry. Other programs cannot see a person's address or phone number. The information in the registry is protected like other private medical information.

Your Rights as a Patient/Parent

It's your legal right to agree or refuse at any time share your or your child's shot records in a registry.

If you DO want your or your child's records in the registry, you don't have to do anything. You have the legal right to look at your shot records, to know who has seen the records, and to have your doctor change any mistakes in the records.

If you DO NOT want your or your child's immunization information shared in the registry, please request a "SDIR Stop/Start Sharing Request" from the clinic staff.



I2225 (12/08)

California Department of Public Health, Immunization Branch
Statewide Immunization Information System



Información sobre un Record Electrónico de Vacunas

Las vacunas son muy importantes para la salud, pero asegurarse que están al día es difícil, especialmente si se ha visitado a más de un doctor. Un registro de vacunas guarda el record de vacunas electrónicamente y Ud. tiene el derecho de decidir si desea que su record de vacunas o el record de vacunas de su hijo estará compartido en el registro de vacunas del Estado de California. Favor de leer esta hoja para ayudarle a decidir. Si tiene preguntas, favor de llamar a la Oficina de Ayuda del Registro al (619) 692-5656.

¿Cómo la ayudará un registro de vacunas?

- Ayuda a asegurar que Ud. recibe vacunas necesarias o si Ud. no recibe vacunas innecesarias
- Envía recordatorios por correo o por teléfono cuando Ud. o su hijo necesitan vacunas
- Permite recibir una nueva copia del record de vacunas de la clínica rápidamente
- Asegura que su hijo tenga todas las vacunas que necesita para inscribirse en la guardería o la escuela

¿Cómo un registro puede ayudar a su personal de salud?

Los médicos, las enfermeras, los planes de salud y el departamento de salud pública pueden utilizar el registro para:

- Ver cuales vacunas Ud. o su hijo necesitan
- Recordarle sobre las vacunas que Ud. o su hijo necesitan
- Ayudar proteger a Ud., a su hijo, y al público de enfermedades

Las escuelas, guarderías, los que cuidan de niños en su domicilio, los programas de WIC, las agencias de cuidado de crianza, y los programas de ayuda financiera pueden utilizar el registro para:

- Ver cuales vacunas necesitan los niños para ingresar en sus programas
- Asegurarse que estos niños tengan todas las vacunas que necesitan para inscribirse en la guardería o escuela

¿Cuál información estará compartida en el Registro?

El record del registro de vacunas incluye:

- El nombre de la persona, su sexo y lugar de nacimiento
- Los nombres de los padres de familia o los tutores legales (para niños menores de 18 años de edad)
- otra información permitida por ley para ayudar a identificar a la persona
- los detalles sobre las vacunas que Ud. o su hijo hayan recibido

Solamente los doctores, las enfermeras, los planes de salud, y los departamentos de salud pública pueden ver la dirección de domicilio o teléfono en el registro. Otros programas no pueden ver a la dirección de domicilio o teléfono. La información en el registro está protegida como otra información médica privada.

Sus derechos de Paciente/Padre de Familia

Es su derecho legal para permitir o rehusar en cualquier momento el compartir el record de vacunas en el registro.

Si QUIERE COMPARTIR el record de vacunas de Ud. o su hijo en el registro, no tiene que hacer nada. Ud. tiene el derecho legal para ver a su record, saber quienes lo hayan visto, y pedir a su médico cambiar cualquier error en el record.

Si NO QUIERE COMPARTIR el record de vacunas de Ud. o su hijo en el registro, favor de pedir la forma "SDIR Solicitud de Detener/Empezar a Compartir" del equipo de la clínica.



California Department of Public Health, Immunization Branch
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I2225 S (12/08)



Decline or Start Sharing/Information Request Form

PLEASE CHECK (✓) THE STATEMENT(S) BELOW THAT APPLY:	
MY FULL NAME:	RELATIONSHIP TO PATIENT <input type="checkbox"/> self <input type="checkbox"/> parent/guardian
Name of Patient:	Patient's Address:
Patient's Date of Birth:	City/Zip Code:
	Phone:
DECLINE SHARING	
<input type="checkbox"/> I DECLINE to allow my/my child's immunization record to be shared with other health care providers, agencies, or schools in the California Immunization Registry.* <i>* Note: The immunization record may still be recorded in the registry for use by your physician's office. By law, public health officials can also access immunization records in the case of a public health emergency.</i>	
START SHARING (Declined earlier, now have changed mind and wish to share.)	
<input type="checkbox"/> I ALLOW my/my child's immunization record to be shared with other health care providers, agencies, or schools in the California Immunization Registry.	
REQUEST INFORMATION	
<input type="checkbox"/> I REQUEST a list of agencies who have viewed my/my child's immunization registry record. <input type="checkbox"/> I REQUEST to review or correct my/my child's immunization registry record. I understand that any changes made to this record must be verified by appropriate documentation from my health care provider.	
Signature:	Date:
For office use only: File this form in the patient medical record. Questions? Call SDIR: (619) 692-5656.	



Registro de Vacunación de California

Formulario para rechazar, empezar a compartir o solicitar información sobre los datos de vacunación

Marque (✓) la/las declaración(es) a continuación que corresponda(n):	
Mi nombre completo:	Relación con el paciente: <input type="checkbox"/> él mismo <input type="checkbox"/> padre o tutor
Nombre del paciente:	Dirección del paciente:
Fecha de nacimiento del paciente:	Ciudad y código postal:
	Teléfono:
Rechazar compartir	
<input type="checkbox"/> Rechazo permitir que mis datos de vacunación/los datos de vacunación de mi hijo se compartan con otros profesionales de la salud, entidades o escuelas en el Registro de Vacunación de California*	
<i>* Nota: Los datos de vacunación aún se pueden documentar en el registro para el uso del consultorio de su médico. Por ley, los funcionarios de salud pública también pueden tener acceso a los datos de vacunación en caso de una emergencia de salud pública.</i>	
Empezar a compartir (rechacé antes, ahora cambio de opinión y deseo compartir.)	
<input type="checkbox"/> PERMITO que mis datos de vacunación/los datos de vacunación de mi hijo se compartan con otros profesionales de la salud, entidades o escuelas en el Registro de Vacunación de California.	
Solicitar información	
<input type="checkbox"/> SOLICITO una lista de las entidades que vieron mis datos de vacunación/los datos de vacunación de mi hijo conservados en el registro.	
<input type="checkbox"/> SOLICITO ver o corregir mis datos de vacunación/los datos de vacunación de mi hijo conservados en el registro. Entiendo que cualquier cambio que se haga a estos datos tiene que ser verificado con la documentación apropiada de mi profesional de la salud.	
Firma:	Fecha:
For office use only: (Sólo para uso de la oficina) File this form in the patient medical record. Questions? Call SDIR (619) 692-5656.	

Confidentiality and Patient Privacy

Access to SDIR is limited to trained, authorized users only. Those individuals as defined in Health and Safety Code section 3396 and 120440 with a legitimate need for immunization information on a patient are eligible to become authorized users of the SDIR. Only providers with provider identification, user identification and passwords will be able to obtain data electronically. Authorized users should never share their log-in information with anyone else even within their own organization. SDIR offers regular training for new users so if new staff needs to be trained, they or the lead contact for the provider group should contact SDIR to schedule a training.

Authorized users of the system will be trained on the issue of confidentiality and security of medical records. All authorized users must sign a statement affirming that they recognize and will protect the confidentiality of immunization-related information. Health care providers, SDIR, and the State Department of Health Services shall maintain the confidentiality of information held in SDIR in the same manner as other medical record information with patient identification that they possess, and shall use the information only for the following purposes:

- i. To provide immunization services to the patient, including issuing reminder notifications to patients or their parents/guardians when immunizations are due.
- ii. To compile and disseminate statistical information of immunization status on groups of patients or populations in California, without information that identifies individual patients included in these groups or populations.

All providers have access to all information on their own patients. Within each provider office/group, access is restricted to specific elements of patient information according to an individual's role in providing care or other services, and according to the individuals need to know.

The registry maintains an audit trail of all inquires made to each individual record and other record transactions.

A breach of confidentiality or unauthorized access attempt is grounds for termination of access to SDIR and referral for civil penalties pursuant to Sections 56.35-.36 and 1798.5 of the California Civil Code.

Patients shall have access to review their SDIR immunization record by applying in person or in writing to their provider.

Immunization related information may be provided to non-providers of immunization services, such as schools, WIC, day care centers upon disclosure to the parent/guardian.



California Immunization Registry (CAIR) -San Diego Regional Immunization Registry (SDIR)
User Access Guidelines Form

The CAIR-SDIR is designed to store and track immunization records for individuals of all ages. Authorized users submit demographic and immunization data and other health screening test dates and results, as well as run detailed and/or summary reports through established system procedures based on user role & permissions. In addition, information residing in the application must not be disclosed except as permitted by California Health and Safety Code 120440 and HIPAA guidelines. In accordance with privacy and security legislations that impact the California Immunization Registry, the system must be as secure as is reasonable to support the confidentiality, integrity and availability of the information. The San Diego Regional Immunization Registry (SDIR) is committed to protecting the information from unauthorized access, use, or disclosure and has established requirements for handling and protecting information obtained from the immunization registry. By initialing each section and signing the guideline form, you acknowledge and understand the following are your responsibilities:

- 1. I will only access the CAIR-SDIR for which I have a legitimate business purpose; to accomplish the responsibilities of my employment.
2. All information is confidential and my access is restricted to my legitimate need to know for business purposes.
3. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any unauthorized person.
4. I will print information only when necessary for a legitimate business purpose.
5. I understand that printed information must be stored in secured locations established by the County or provider/contractor.
6. All patient/client identifiable information must be shredded or disposed of in a designated locked confidential disposal bin when no longer needed.
7. My access and use of the CAIR-SDIR is subject to routine, random, and undisclosed monitoring/audit for compliance purposes.
8. Failure to comply with my responsibilities will result in immediate termination of my CAIR-SDIR access.
9. Upon receipt of my user name for this application I agree to create a unique user password. I acknowledge it is my responsibility to maintain this password in a confidential manner and it is not to be shared with anyone. The password is my signature for accessing the CAIR-SDIR system. The password will ensure that the data for which I am responsible will not be available to anyone else; therefore, it is mandatory that my password and the data accessed be kept strictly confidential.
10. I will not access or use information from the CAIR-SDIR for personal use.
11. I will promptly notify my manager/supervisor or the Immunization Branch-SDIR of any indication of misuse or unauthorized disclosure of information obtained from the CAIR-SDIR.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT FOR THE USE OF THE CAIR-SDIR SYSTEM. I HAVE HAD MY QUESTIONS FULLY ADDRESSED, AND HAVE RECEIVED A COPY FOR MY PERSONAL RECORDS.

Signature _____ Date _____

PRINT Your Name _____

Witness _____ Date _____

Provider/Agency name _____

User Site Street Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

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