SAIRS Facility Enrollment Form

SAN ANTONIO IMMUNIZATION REGISTRY SYSTEM

Please fill out this form as completely as possible. This information is used to establish a SAIRS account for your organization. Please be sure to have an authorizing physician or administrator sign and date page 2 before submitting. If you have questions regarding this form, please contact the SAIRS Team at (210) 207-2089.

Section 1: Facility and Contact Information						
Enrollment Type	☐ New Enrollment	☐ Remove Enrollment	☐ Change Enrollment			
Facility Name:			VFC PIN#			
Type of Facility	☐ School	☐ Child-Care	☐ Pharmacy	☐ Hospital	☐ Dr. Office	☐ Other_____
Is your facility associated with a medical group or corporation? If so please specify name of group:						
Facility Physical Address:		City/State/Zip Code:				
Facility Mailing Address, if different from physical address		City/State/Zip Code				
Primary Contact Person Name & Title (MD, PA, etc.):		Primary Contact E-mail Addresses:				
Primary Contact Business Phone #: ( )		Primary Contact Fax # : ( )				
Secondary Contact Person Name & Title (MD, PA, etc.):		Secondary Contact E-mail Addresses:				
Secondary Contact Business Phone #: ( )		Secondary Contact Fax # : ( )				
Does your office administer immunizations? ☐ Yes ☐ No *(If your office DOES NOT administer immunizations and only requires view access to SAIRS, skip Sections 2, 3, and 4.)*						
Immunization Record Preference: Print patient address on immunization record? ☐ Yes ☐ No						

Section 2: Vaccine Reporting Method

Facility will use the following methods to report immunization information to SAIRS:

☐ Direct Data Entry via the SAIRS Web Application

☐ Paper Submission (Metro Health's Immunization Program Manager's approval required)

☐ HL7 Data Exchange with an Electronic Medical Record (EMR) System. (The SAIRS Technical Team will contact you with the HL7 specification and will assess your capacity to exchange data electronically.)

EMR Product Name	EMR Company/Vendor Name
HL7 Technical Contact Name	Technical Contact Telephone Number

Section3: Inventory Type

Usage Type: (choose only one)

☐ **Type 1 – No SAIRS Inventory Control:** This type will NOT record vaccine manufacturer, lot number, and expiration date for administered vaccines. This type will NOT support vaccine recall.

☐ **Type 2 – Partial SAIRS Inventory Control:** This type facilitates data entry of manufacturer, lot number, funding source, and expiration date but does not track dose usage. This type will support vaccine recall.

☐ **Type 3 – Full SAIRS Inventory Control:** This type tracks vaccine at the dose level. Manufacturer, lot number, expiration date, funding source, and number of doses on hand are tracked. This type also fully supports vaccine recall. Various reporting features are available with this type of inventory.

For Metro Health Use Only:

Enrollment Date	Group ID	Facility ID	Deactivation Date

Section 4: Vaccine Authorizing Authority

Authorizing Physician Name	Medical License Number	State

Section 5

The San Antonio Immunization Registry System (SAIRS) is a local Web-based immunization information system that establishes and maintains a repository of lifespan immunization data for the San Antonio, Bexar County area. Information in the registry is entered by and available to authorized users for legitimate immunization purposes. All authorized users are required to protect the confidentiality and security of immunization data and other Protected Health Information (PHI) stored in the registry, in accordance with the SAIRS Security and Confidentiality Policy as well as all applicable state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA).

By signing below, I agree to all the terms of this SAIRS Facility Enrollment agreement on behalf of myself, this facility's staff, or any other persons authorized by this facility to perform immunization-related activities.

As a SAIRS facility delegating authority, I agree to:

1. Adhere to the registry consent rules and procedures as specified in the SAIRS User Manual.
2. Enter timely and accurate data into the registry in accordance with the SAIRS User Manual, including all vaccines given and vaccination history obtained from a valid immunization source.
3. Limit registry access only to the information necessary to properly conduct the administration and management of immunization-related duties.
4. Refrain from using SAIRS data for research purposes, unless authorized by the Director of the San Antonio Metropolitan Health District.
5. Acknowledge that all user activities in SAIRS are logged and user access is monitored. Log information is subject to review for HIPAA compliance purposes.
6. Protect the confidentiality of patient information contained within SAIRS. Individual immunization records should only be furnished or disclosed to entities authorized by law or with the written consent of an adult patient or a minor patient's parent/guardian.
7. Promptly report to the SAIRS staff all security incidents or unauthorized releases of confidential information contained in SAIRS.
8. Allow the SAIRS staff to review and inspect this facility's use of the registry for data quality assurance purposes.
9. Promptly notify the SAIRS staff when authorized users discontinue employment or require a change in access rights.
10. Ensure that users associated with this facility participate in training sessions or read training materials provided by SAIRS staff.
11. Promptly report suspension or revocation of any of the medical licenses listed on this form.

Print Name of Delegating Authority _____ Date Signed _____

Signature of Delegating Authority _____ Date Signed _____

Please complete this form and return to:

San Antonio Metropolitan Health District-SAIRS
332 W. Commerce, Ste. 108
San Antonio, TX 78205
Fax:210.207.0751