

Information for Pharmacists (retail) Authorized and Certified to Immunize

What is the Citywide Immunization Registry (CIR)?

The Health Department's Citywide Immunization Registry (CIR) is a computerized filing system that since 1996 has been keeping immunization records of people vaccinated in New York City (NYC). The CIR can help ensure that NYC residents receive all required immunizations and are protected from vaccine-preventable diseases. The CIR makes immunization records available to individuals, parents, legal guardians and custodians, health care providers, health plans, the Women, Infants, and Children (WIC) program, schools, and other agencies concerned with health.

How can the CIR help you?

- Report immunizations into a NYC-centralized database.
- Quickly look up immunizations your patient may have received from another provider or pharmacy using the web-based Online Registry or your Electronic Medical Record system (EMR)
- Use CIR decision support to see which immunizations are due to help avoid unnecessary immunizations and reduce missed opportunities
- Generate an official immunization record to print to give to a patient.
- Generate Reminder/Recall reports of patients due for immunizations, then either send text messages or letters through the Online Registry
- Get timely information about flu and influenza information

How to get access to the Online Registry:

Steps to set up authorized access:

- (1) First, to obtain or retrieve your CIR **Facility Code**, please go to the online <u>registration page</u>. The CIR will contact the registrant and authorizing provider of your facility by email.
- (2) Next, refer to the <u>Online Registry Access</u> page, find your practice type, and complete the appropriate set of forms for your site. Email both the <u>Site Security Administrator Designation Form</u> and <u>Security Administrator Confidentiality Statement</u> to cir-reset@health.nyc.gov. You will receive Online Registry account set up instructions by email. Additional users must sign a <u>User Confidentiality Statement</u>.
- (3) Review the attached Online Registry Quickguide for log-in instructions and record searching.
- (4) Call the CIR at (347) 396-2400 if you are unable to find a record in the Online Registry.

How to Report and access Immunization Records:

After obtaining your **Facility Code**, reporting can be done by either connecting to CIR via your Electronic Health Record (EHR) system to the CIR or manually through your Online Registry account, or both.

- (1) To connect your EHR system to the CIR, please complete the <u>Healthcare Provider Confidentiality</u> <u>Agreement</u> and email it to cir_interop@health.nyc.gov or fax it to (347) 396-2559 before testing and setting-up the connection to report and/or query patient records.
 - Your site must place a ticket with your EHR to install an immunization interface so that the EHR may reach out to us at cir_interop@health.nyc.gov to get connected.
- (2) If you vaccinate children (0 to 19 years old) and would like to participate in the <u>Vaccines for Children</u> (VFC) program, please complete the <u>New Enrollment Form</u> and the <u>Provider Agreement</u> and email them to nycimmunize@health.nyc.gov.

Visit Us Online! nyc.gov/health/cir

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How can CIR help your clients:

- Individuals, parents/guardians can get a free copy of their own or their child's immunization record from the Health Department by completing a short application. This application is available online at <u>www.nyc.gov/health/cir</u> in the parents/guardians/individuals section. The CIR record is an official immunization record that may be presented to a health care provider, or given to an employer for documentation of immunization history.
- Search My Vaccine Record for your record or your child's record online if you are an IDNYC cardholder.

Immunization reporting requirements timeline:

- **1997**: NYC Health Code amendment goes into effect, requiring health care providers to report immunizations given to all children under 8 years of age to the CIR.
- **2005:** The NYC Health Code requires providers to report immunizations given to all people under 19 years of age, and allows for reporting of immunizations given to people 19 years of age and over with written consent from the patient.
- **2006**: New York State (NYS) Public Health Law 2168 is enacted, requiring providers in NYS to report immunizations given to people under 19 years of age. Under this law, NYC providers continue reporting to the CIR, even if the patient lives outside of NYC. Providers with offices outside of NYC report to the NYS Immunization Information System (NYSIIS). The CIR and the NYSIIS will exchange information regularly on shared patients.
- 2013: NYS Public Health Law 2168 is amended, removing the requirement for written consent for reporting immunizations given to people 19 years of age and over. Providers have the option of documenting either verbal or written consent.
- 2014: NYS Public Health Law 2168 is revised, allowing registered nurses and pharmacists authorized to administer immunizations to be authorized users of the NYSIIS or CIR. Registered nurses and pharmacists authorized to administer immunizations must report immunizations administered to adults ages 19 years and older with consent from the patient.
- **2020:** Governor's executive order: Consent requirement for individuals 19 and older is suspended; immunizations administered to adults can be reported to the CIR without patient's consent. COVID-19 and influenza immunizations must be reported to the CIR within 24 hours of vaccine administration.

Links to online documents:

- Fact Sheet for Pharmacists-retail: https://www1.nyc.gov/assets/doh/downloads/pdf/cir/cir-pharmacy-retail-forms.pdf
- Register with CIR for a facility code: https://a816-healthpsi.nyc.gov/OnlineRegistration/dohmh/
- Online Registry Access forms page: https://www1.nyc.gov/site/doh/providers/reporting-and-services/cir-security-admin-info.page
- User Confidentiality Statement: https://www1.nyc.gov/assets/doh/downloads/pdf/cir/user-confidentiality.pdf
- Online Registry Quickguide: https://www1.nyc.gov/assets/doh/downloads/pdf/cir/cir-quick-quide-hcp-adults.pdf
- Sample Consent form: https://www1.nyc.gov/assets/doh/downloads/pdf/cir/cir-hcp-adults-consent.pdf [Spanish] https://www1.nyc.gov/assets/doh/downloads/pdf/cir/consent103mr_1-sp.pdf
- Reporting via Electronic Medical Record System to CIR: https://www1.nyc.gov/site/doh/providers/reporting-and-services/cir-ehr-meaningfuluse.page
- Vaccine for Children: https://www1.nyc.gov/site/doh/providers/nyc-med-cir/vaccines-for-children-requirements.page

In accordance with New York State Public Health Law 2168 and the NYC Health Code 11.11, information in the CIR is kept confidential and may not be disclosed except to protect the health of the individual or the health of others.

/isit Us Online! 🔽 nyc.gov/health/cir

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Site Security Administrator Username / Password Request Form for Pharmacies

To access the Online Registry, the pharmacy needs to designate a **Site Security Administrator** (User Manager). The CIR will assign a username to the Site Security Administrator, who can then set up additional accounts for additional pharmacy staff members. Pharmacies with multiple locations must complete forms for each site. If the Security Administrator is not a pharmacist, he/she needs to be authorized under a NYS licensed supervising pharmacist.

- 1. Print name of Site Security Administrator.
- Print name of pharmacy and your facility code, which is the code you were given for reporting purposes. (If you do not have a code or if you have forgotten your code please visit <u>www.nyc.gov/health/cir</u> and click on the link "<u>register</u>." You may also contact us by email at <u>cir@health.nyc.gov</u>, or call (347) 396-2400 for instructions.)
- 3. Print your site address.
- 4. Print your phone number, fax and email address. All items are required.
- 5. Print the name and NYS pharmacist license number of the supervising pharmacist authorizing the Site Security Administrator. The signature of the supervising pharmacist is required.
- 6. Once you have completed this form:
 - Mail or fax it to the CIR at the address below, along with the attached signed Security Administrator Confidentiality Statement for Online Access.
 - Upon receipt of these forms, CIR staff will assign a username and contact the site to provide the Site Security Administrator with final instructions for account set-up.

PLEASE PRINT:

1. Name of designated Site	Security Admin	istrator:			
2. (a) Name of Pharmacy:				(b) Facility Code:	
3. (a) Address:			(b) City:	(c) Zip:	
4. (a) Phone:	(ext.)	(b) Fax:		(c) Email:	
Security Administrate certified to give imm			oy a supervisi	ng NYS licensed Pharmacist, register	red and
5. (a) Name of authorizing pharmacist (If different from above			bove):	(b) License#:	
(c) Signature of Pharm	nacist:				
FOR OFFICIAL USE: Security Administrator	r user name:_			Password:	
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Security Administrator Confidentiality Statement for Access to the Online Registry

Please read this statement carefully. Make sure that you ask your Department of Health and Mental Hygiene Immunization Registry Security Administrator for clarification about anything you don't understand, then sign the Agreement. Refusal to sign the Agreement will result in immediate denial of access to Department of Health and Mental Hygiene records.

Everyone who has access to Department medical and personal records is required by law to safeguard the confidentiality of personal health and other information contained in these records (the "Confidential Information"). Unauthorized disclosure of Confidential Information is a violation of New York City Health Code Section 11.11 and state law, subject to civil and/or criminal prosecution, penalties, forfeitures and legal action. See Section 558(e) of the City Charter and Section 3.11 of the New York City Health Code. Former employees of the facility or of the health care provider must continue to comply with confidentiality requirements after leaving employment.

In the course of accessing an immunization or lead test record, or adding an immunization to the Online Registry, an authorized user <u>MAY NOT:</u>

- 1. Examine or read any document or computer record from the Online Registry containing confidential information, except on a "Need to Know" basis; that is, if required to do so in the course of official duties.
- 2. Remove from a job site or copy any document or computer record containing confidential information unless authorized to do so, and if required in the course of official duties.
- 3. Discuss the content of documents containing confidential information examined with any person unless both persons have authorization to do so.
- 4. Discriminate, abuse or take any adverse action with respect to a person to whom the confidential information pertains.
- 5. Create and distribute usernames and passwords for unauthorized users.
- 6. Reveal or share individual personal computer access identification or passwords with other persons, even if such persons are also authorized to have computer access.
- 7. Compile any aggregate data or statistics from the program database except as authorized by the director of the Immunization Registry and/or Lead Poisoning Prevention Program.
- 8. Contact a person who is the subject of any Department record except on official business, in the course of official duties.

The above restrictions apply to both screen displays and printed data. Any printed patient record shall be treated as confidential medical data.

Agreement

I have read and understand the above statement and the attached protocol. I agree to keep strictly confidential all Confidential Information I receive from the records of the Department of Health and Mental Hygiene Online Registry in the course of my employment at _______. I understand fully the consequences to me if I disclose Confidential Information without necessary authorization. I have discussed, and will continue to discuss, with the Department of Health and Mental Hygiene Online Registry Security Administrator any questions I have about what is confidential or to whom I may reveal Confidential Information.

DATED:	SIGNATURE:	
Mail or Fax to:	PRINT NAME:	
Citywide Immunization Registry 42-09 28 th Street, 5 th Fl., CN 21 Long Island City, NY 11101-4132	PHARMACY NAME:	
Phone (347) 396-2400 Fax (347) 396-2559	WORK ADDRESS:	
	WORK PHONE (ext.):	FAX:
	WORK EMAIL:	
	yc.gov/health/cir	The Citywide Immunization Registry We help you call the shots! contact: cir-reset@health.nyc.gov



ONLINE REGISTRY ACCEPTABLE USE PROTOCOL

This Acceptable Use Protocol (AUP) is for use of the Online Registry (OR).

Access to the OR is provided by the Immunization Registry solely for the purpose of obtaining immunization information, adding immunization records, and obtaining lead test information to the Registry, The Registry should not be used in connection with any personal or non-Registry matters.

All users of the OR have the responsibility of using their access in a professional manner. Compliance with this AUP is mandatory.

Use of the OR for activities that are unacceptable under this AUP will result in removal of the user's access to the OR. The Citywide Immunization Registry and/or Lead Poisoning Prevention Program reserve the right to review violations on a case-by-case basis.

System Security Measures to be followed by all Security Administrators of the OR:

1. The security of the Online Registry is of the highest priority. System security is essential for the effective and efficient operation of the system. It is the responsibility of the Security Administrator (and authorized users) to maintain the highest possible degree of system security. If a security problem is discovered, it should be reported by telephone to the Department of Health and Mental Hygiene Online Registry Security Administrator immediately.

2. Passwords:

Choose passwords that are not easy to guess or to find using a password decoding program. A combination of 8 or more characters, with at least one number and one upper case letter, should be selected.

3. Keep the password confidential; do not write it down.

4. Change passwords regularly (every 90 days is suggested).

5. If a password has been lost, stolen, or has been otherwise obtained by another person, or if a user has any reason to believe that someone has obtained unauthorized access to the OR, it is the responsibility of the Security Administrator to immediately notify the Department of Health and Mental Hygiene Online Registry Security Administrator.

6. Site Security Administrator ensures that each user must sign a Confidentiality Statement and agree to the Acceptable Use Protocol, including log in separately to report immunizations, add or look up patients, and perform activities online.

7. Site Security Administrator will ensure that Online Registry accounts for staff who have left the facility are inactivated promptly.

