

INFORMATION FOR SCHOOLS





Phone: (347) 396-2400 Fax: (347) 396-2559

# Students' Records Available Online What is the Citywide Immunization Registry (CIR)?

The 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 contains immunization records for children 18 years of age and under. The CIR also stores immunization reports for people 19 years of age and over who have given consent to their provider to report their vaccinations.

## How can the CIR help you?

#### **Online Access for authorized read-only users**

Department of Education (DOE) staff can now access the Web-based Online Registry to quickly look up students to see which immunizations the student received already and which immunizations are due now. This will help schools maintain compliance with the latest immunization requirements.

"It's simple and easy to do!"

You can print out an official immunization record or Child & Adolescent Health Examination Form (CH205) to give to the parent/guardian to give to their health care provider to review.



**To set up Online Registry access**, please complete the attached two forms: **(1)** *Site Security Administrator Designation Form*, and **(2)** *Security Administrator Confidentiality Statement*. *Fax both completed forms to* **(347) 396-2559**. You will receive Online Registry account set up instructions by email. Additional users must sign a <u>User Confidentiality Statement</u>. Review the attached *Online Registry Quickguide* for log-in instructions and record searching.

Information in the CIR must be kept confidential and may be disclosed only to providers, parents, legal guardians or custodians, individuals, or agencies concerned with protecting the health of the individual or others.

#### **Phone/Fax Access**

DOE staff should call the CIR at (347)396-2400 if they are unable to find the student's record in the Online Registry or if on-site Internet access is not available.

If you cannot access or find your records, call CIR, at: (347) 396-2400.

#### **Immunization Record Access**

Get a free copy of your own or your child's immunization record from the NYC Department of Health and Mental Hygiene by calling the CIR at **(347)396-2400**, completing a short application, and presenting a valid photo ID. This application is available online at <u>www.nyc.gov/health/cir</u> in the parent/guardian section. The CIR record is an official immunization record that may be:

(1) presented to a health care provider; (2) used for school, day care or camp entry, or WIC screening; or,

(3) given to an employer for documentation of immunization history.

Link to location of this document: <u>http://www.nyc.gov/html/doh/html/living/cir-online-registry-for-schools.shtml</u>

In accordance with New York State Public Health Law 2168 and the NYC Health Code 11.11(d), 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.







## Site Security Administrator Designation Form (School Site)

To access the Online Registry, each public or private school needs to designate a **Site Security Administrator (User Manager)**. CIR staff will assign a User ID to the Site Security Administrator, who can then set up additional accounts for additional staff members at the site if needed.

1.	Complete and sign this Site Security Administrator Designation Form.	Please have the Principal or
Ass	istant	

Principal authorize account setup. All information is required.

- 2. Complete and sign the attached Security Administrator Confidentiality Statement for Online Access.
- 3. Fax or mail **both** forms to the address below.
- 4. Upon receipt of these forms CIR will contact the site by email to provide the Security Administrator with final instructions for account set-up.

PLEASE PRINT:	CIR Fac	CIR Facility Code*			
I hereby designate (Name)					
(Title)	as Site Security Administrator for	or the following school:			
SCHOOL NAME		DISTRICT			
ADDRESS Number and Street Nar	ne				
Borough	State	Zip			
PHONE ()	EXT FAX ()				
EMAIL					
	horizing Security Administrator ( <i>Princi</i>	nal or Assistant Princinal):			
·		, .			
(Title)					
Signature of person authorizi	ng Security Administrator				
Signature of Security Adminis	strator				
*If you don't know your CIR facility o	code leave blank.				
FOR OFFICIAL USE:					
Security Adminstrator:	Password:				
Visit Us Online!	nyc.gov/health/cir hyc.gov/health/cir Phone (347) 396 Email: cir@health	le Immunization Registry 5 <sup>th</sup> Fl., CN 21, LI.C, NY 11101-4132 5-2400 Fax (347) 396-2559 h.nyc.gov			



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE Mary T. Bassett, M.D., M.P.H., Commissioner Phone: (347) 396-2400 Fax: (347) 396-2559

#### 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.

SIGNATURE:
PRINT NAME:
SCHOOL NAME & Number:
ADDRESS:
PHONE (ext.):FAX:
EMAIL:
w/health/cir 42-09 28 <sup>th</sup> Street, 5 <sup>th</sup> FL, CN 21, LI.C, NY 11101-4132 Phone (347) 396-2400 Fax (347) 396-2559 Email: cir@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.

Visit Us Online! 🔲 nye	C.gov/health/cir The Citywide Immunization Registry 42-09 28 <sup>th</sup> Street, 5 <sup>th</sup> FL, CN 21, LLC, NY 11101-4132
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Schools Access forms	Email: cir@health.nyc.gov



# Online Registry QuickGuide

For Schools: Read-Only Access

Phone: (347) 396-2400 www.nyc.gov/health/cir Fax: (347) 396-2559

# **Getting Connected**

- Account set-up: Complete the attached Online Registry Access forms and provide a valid email address. You will receive an email from <u>cir-reset@health.nyc.gov</u> with your username and a timesensitive link to password set-up instructions.
- Log-in: Go to www.nyc.gov/health/cir (Hint: For quick and easy access, bookmark this as a favorite.) Click on the Online Registry button (shown above left). Enter your User Name and Password in the Log On screen. Click on Consent to get started. Follow the instructions marked with , and tips, marked with
- Look for the navigation bar, shown below. Look at the available tabs on each screen.



**Search** allows you to search the CIR for an individual's immunization record. If you cannot find an individual, and believe the individual was born in NYC after 1995, please call the CIR for assistance, at (347)396-2400.

- Search: Fill in all four fields (first name, last name, date of birth and gender). Click "Continue." If you are unable to find an individual's record with this option, use the Advanced Search option.
- Complete all fields below to find a patient's record in the CIR. number, CIR number or other demographics, use <u>Advanced §</u>

Search	
First Name	
Last Name	
DOB	mm/dd/yyyy
Gender	○м ○ ғ
	Clear 🗌 Continue 🤿

- Advanced Search: To improve your chances of finding an individual's record, use the advanced search combinations in the Tip box. Type the requested additional information. Click "Continue."
- If you are still unable to find the individual's record, call the CIR at (347)396-2400.

#### Search Advanced Search

Please use additional searching criteria by clicking on one of the Advanced Search combinations lis You may also enter as much information as possible in order to find a matching patient. If you are s call the Registry at 347-396-2400.

Advanced Search		🕤 🐑 Tip
First Name Last Name DOB Gender	© M © F	Use one of these Advanced : Medical Record No. Medical No. CIR No. Mom's Info Address/Phone
<sup>†</sup> Multiple Birth	⊙N ⊙Y	Reset to remove search com
A minimum of <b>(2)</b> items mu Please enter as much infor duplicate records.	ist be entered below. mation as possible to help prevent	You can set your default Ad- Set Up.
Alternate First Middle Name Alternate Last		
Medical Rec. No. Medicaid No. (AA#####A) CIR No.		
Mom DOB Mom First Name Mom Maiden Name	mm/dd/yyyy	
House No. / St. / Apt. No. City / State / ZIP Telephone	NY V	
†Strongly Recommended		
	Clear 🔄 Continue 🤣	



**MyList** contains every record your facility has looked up and found. Click on an individual's name to quickly and easily find the record.

- Search MyList:
  - Type in the first few letters of the person's name to Search within MyList.
- View MyList:
  - You may choose the number of patients to view per page; jump to the Last Name by alphabet. MyList can be sorted by First Name, Last Name, Gender, Date of Birth (DOB), Date Last

Accessed, and color-coded Status

Construction
C

(green  $\bigcirc$ = up-to-date; red  $\oiint$ = past due; orange  $\bigcirc$ =due soon) by clicking on the small arrows  $\checkmark$  under each column heading.

To remove patients, check the box to the left of the name; click Remove at the top or bottom of the column. (This will remove the individuals only from your view in MyList, not from the CIR.)

# Reports

**View Record** When a search is successful, the individual's immunization record and lead test

history are displayed. Vaccine series are located in the left column. Vaccines administered are listed from left to right, and organized by date. The **Next Due** column to the right tells you if a series is complete or indicates the date the next vaccine in the series is due. Orange bubbles indicate that the reported dose is invalid. Click on the orange bubble for additional details.

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nmunization	History							
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Hills	04140000	05112008	29/13/2028	2811.0008	0129-20-Q			Completed Viscon
0 Events	HE-PRI-T (ADHE HEARI) Con SI	10-246-7 (A2762 FD426) 10+34	10-249-7 A210, 10800	HE-240-7 Active_HEARS) 101-14	DENVIOR REVENCES			Series
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2 Events	Vorces Circle	MuR-Usroese Jar Im						Completed Vecor Series
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Interest Interest								Recommended fo

Clear bubbles indicate a note; they do not indicate that the dose is invalid.

- Click on the printer friendly format icon <sup>E</sup> to print out a copy of the record in the "grid" format.
- Printing Reports:
- Provider Reports You may choose the filtered report to print only valid immunizations or the unfiltered report for all immunizations reported with recommendations and comments. The Lead Test History is automatically printed unless unchecked.
- **Public Report** This official report may be given to parents and legal guardians or custodians for school, the Women, Infants, and Children (WIC) program, camp, or day care. Only valid shots will be displayed. Recommendations and comments will not be displayed.
- **Request Fax** Fill in the name and fax number (NYC area only) of the person to whom you are faxing the report, and click "Submit." The person will receive the report in about 10 minutes.

CIR ID: 543222663 Name: ALCOTT, LOL DOB: 02/01/2008 Ape: 6y 7m Gender: F		/stano	New York City Department Health and Hental Hygiene Cityade Dimension Registry 44 09 200 Start, 5th Rose, OK 21 Long asses City, Nr 1100–1133 347-00-200 (two) https://www.instituter.	
			Laac Possing Prevention Program 233 Brooklaws, Christian Row Yung, NY 10007 646-632-6323	
Public Report: Immu Date: 9/2/2014 11:03	nization Information. Last Le 5 AM	ad Test Date		
Immunization Histo	ory spect class, not show classed, that we is	determined to be inco	fet by the CIR	
Series	Туре	Immunization Date		
Influence	Influenza, IM3, IM, Presovite Influenza, IM3, IM, Presovite Influenza, IM3, IM, Presovite Influenza, IM3, IM Influenza-LAN4, IN, (2-49yrs)	e 12/03/2008 * 10/20/2009 01/24/2013		
НерВ	Hep B Peds <20 yrs Hep B Peds <20 yrs Hep B Peds <20 yrs Disease Immundy reported	02/21/2008 03/19/2008 06/10/2008 02/11/2009		
Piotavinus	Rotavirus RVS (RotaTeq. 3 dote) Rotavirus RVS (RotaTeq. 3 dote) Rotavirus RVS (RotaTeq. 3 dote)	04/16/2008 05/11/2008 06/13/2008		
DTP	DTaP DTaP DTaP DTaP DTaP4PV/Hb (PEVTACEL)	04/18/2008 05/11/2008 05/13/2008 03/25/2009 07/23/2012		
нь	HID-PRIPAT (AdHID: HIDerix) HID-PRIPAT (AdHID: HIDerix) HID-PRIPAT (AdHID: HIDerix) HID-PRIPAT (AdHID: HIDerix)	04/16/2008 05/11/2008 05/13/2008 05/11/2009		
Preuno Conjugate	Pneum Conj (PCV7) Pneum Conj (PCV7) Pneum Conj (PCV13)	05/14/2008 09/10/2008 05/11/2009		
Polis	IPV IPV IPV DTaP+IPMH6 (PENTACEL)	05/14/2008 05/11/2009 07/07/2009 07/25/2012		
MMR	MVR MVR-Vancela	02/11/2009 03/27/2012		
Varioella	Varicella MVR-Varicella	02/11/2009 05/27/2012		
НерА	HepA pediadol 2-dese HepA NOS	05/11/2009		

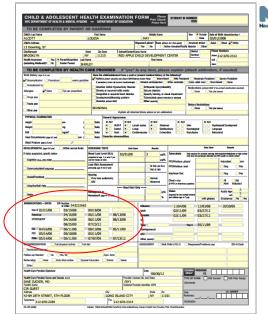
(Reports continued on next page.)



Pre-Completed Forms Click on a form. The patient's immunizations and basic identifying information, will be automatically filled in. Forms may be given to the parent/guardian to give to their provider to review.

#### • Forms currently available:

- Child & Adolescent Health Examination Form (CH205)
- WIC Medical Referral Form for Infants and Children
- Early Intervention Program Referral Form (EIP-16)





**Tools** contain materials and features useful for your practice.

- Immunization Schedule
- Lead References



**Recall/Reminder** allows you to identify patients on your **MyList** who may be due immunizations. This feature allows you to print letters and address labels, or a list of addresses

and phone numbers. You may produce a recall/reminder list based on **MyList** or customized options.

View the online <u>Coverage/Reminder/Recall</u> <u>Guide</u> for details.

2	A	8	C		D	E	E	G	н
1	Recall Name	Recall Nam	Recall Name: recall	4 to 7year	8				
2	Date Created	9/2/2014 1	1:30:43 AM		<b>1</b>				
3	Created By:	shule1			(HAR)				
4	Based On: F	atients in M	y Lisť						
			Sender: Males and F						
6	Total Patient	s: 4. Patient	not UTD: 3 (75%)	Patients U	TD. 1 (25%	)			
7	Doses: Patie	ents missing	any age appropriate	immunizati	ion				
8									
9	Last Name	<b>First Name</b>	Address		City	State	Zip	Phone	Due Now
0	ALCOTT	LOUISA	13 Downing Street.	1ST FLOO	BROOKLY	NY	11215	212-676-2312	Influenza-6
1	PAPADOUK	VIKOU	2 Lafayette Street		NEW YOR	NY	10013	212-676-2323	DTP-4, Polio-4, MMR-3, Varicella-2
	WARHOL	ANDREW	2 Lafavette 20		NEW YOR	10.01	FLODOR.	212.555.1212	Influenza-3 DTP-5 Polio-4 MMR-2 Varicella-2 HepA-

**Set-Up** contains set up features useful for the user or the practice.

 Default Settings You may choose settings to always start with a Simple or Advanced Search. Choose settings for MyList to view between 10 and "all" patients. You may choose how you want your list sorted, such as by Last Name.

#### Change Password

- How to request to Reset your Password
- If you forget your password and/or are locked out, please contact your Site Security Administrator (SSA). Your SSA will be able to view your account and send you a link via email to reset your password. You must provide a valid email address. The reset email will come from <u>cir-reset@health.nyc.gov</u> and will expire after 4 days.
- Site Security Administrators need to contact the DOHMH Security Administrator at: <u>cir-reset@health.nyc.gov</u>.

Passwords must be at least 8 characters long, contain at least one number, and have at least one upper-case letter:

- 1. Uppercase alphabet characters (A-Z)
- 2. Lowercase alphabet characters (a-z)
- 3. Arabic numerals (0-9).
  - Example: reG1stry

(Set-Up continued from previous page.)



- Manage Users Available to Security Administrators only. Use this function to create, modify and inactivate user accounts and reset passwords for each user at your site. A valid email address is required to complete the account set-up. Detailed instructions are located on the SSA's Manage Users screen.
- **Passwords must not be shared!** Each individual in a facility is required to have a separate password. Before assigning an ID to a new user, make sure he or she completes and signs a <u>User Confidentiality</u> <u>Statement</u>, which you must keep on file. Do not send a copy to the CIR. (Go to www.nyc.gov/health/cir, click "For Providers," then click "Online Registry Access & Reporting" for a copy of this statement.)
- Change My Contact Info Notify CIR by phone, (347) 396-2400, or email cir@health.nyc.gov.
- **Theip** is designed to assist you in using the Online Registry. Please refer to it if you have any questions, or call (347) 396-2400, Monday through Friday, 9 am to 5 pm to request additional support. Additional information can be found in the *Full Guide*.

nyc.gov/health/cir

# CLogOut

Click on the LogOut button when you are not using the system. For security reasons, the system will automatically log you out if idle for more than 30 minutes.



**The Citywide Immunization Registry** 42-09 28<sup>th</sup> Street, 5<sup>th</sup> FL, CN 21, LI.C, NY 11101-4132 Phone (347) 396-2400 Fax (347) 396-2559

Email: cir@health.nvc.aov