

Immunization 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

Camp programs can now access the Web-based Online Registry. Use the Online Registry to quickly look up an individual enrolled in your program to see which immunizations the individual has received and which immunizations are due now. This will help child care centers maintain compliance with the latest immunization requirements. You may 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.

**"It's simple
and easy
to do!"**



To set up an Online Registry account, please first [register](#) your camp with CIR to receive a facility code or look-up your code if you have forgotten it. Programs with multiple locations or sites need to register separately. Next, complete the attached two forms: **(1) Site Security Administrator Designation Form**, and **(2) Security Administrator Confidentiality Statement** for Access to the Online Registry. **Fax both completed forms** to **(347) 396-2559**. You will receive Online Registry account set up instructions by email. Additional users must sign a [User Confidentiality Statement](#).

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

If you cannot find immunization records in the Online Registry, or if on-site Internet access is not available, call the CIR at **(347) 396-2400**.

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

Immunization Record Access

Individuals, parents, legal guardians, or custodians may get a free copy of their own or their 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 www.nyc.gov/health/cir 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.

Links to online documents:

1. Register with CIR: <https://a816-healthpsi.nyc.gov/OnlineRegistration/dohmh/>
2. Read-Only Access forms, guide: <http://www.nyc.gov/html/doh/downloads/pdf/cir/cir-camps.pdf>
3. User Confidentiality Statement: <http://www.nyc.gov/html/doh/downloads/pdf/cir/user-confidentiality.pdf>

Visit Us Online! [nyc.gov/health/cir](http://www.nyc.gov/health/cir)

The Citywide Immunization Registry
42-09 28th Street, 5th Fl., CN 21, L.I.C, NY 11101-4132
Phone (347) 396-2400 Fax (347) 396-2559
Email: cir@health.nyc.gov

Site Security Administrator Designation Form (Camp Program)

To access the Online Registry, each program /service 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**. The signature of an authorizing physician is preferred. If your facility does not have a physician-in-charge or clinician on staff, such as Physician, Physician Assistant or Nurse Practitioner, then please have the Director/CEO/owner of the facility authorize account setup.
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 Security Administrator by email with final instructions for account set-up.

PLEASE PRINT:

CIR Facility Code* _____

I hereby designate (Name) _____

(Title) _____ as Site Security Administrator for the following camp program:

CAMP NAME _____ DISTRICT _____

ADDRESS _____
Number and Street Name

_____ Borough State Zip

PHONE (____) _____ EXT. _____ FAX (____) _____

EMAIL _____

Name and title of person authorizing Site Security Administrator (*Physician-in Charge, Medical Director, Director, CEO, owner*):

(Name) _____

(Title) _____ Medical License Number, if MD, PA, or NP _____

Signature of person authorizing Site Security Administrator _____

Signature of Site Security Administrator _____

**If you don't know your CIR facility code leave blank.*

FOR OFFICIAL USE:

Security Administrator: _____

Password: _____

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 11.07 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 MAY NOT:

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 User ID's 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 both to screen displays and to 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:

Citywide Immunization Registry
42-09 28th Street, 5th Fl., CN 21
Long Island City, NY 11101-4132
(347) 396-2400/ Fax (347) 396-2559

PRINT NAME: _____

CAMP NAME: _____

ADDRESS: _____

PHONE (ext.): _____ FAX: _____

EMAIL: _____

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, lead test information, and adding immunization records 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!  nyc.gov/health/cir

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Getting Connected

- **Register** with the Citywide Immunization Registry (CIR) to obtain a **facility code**, or retrieve your facility code if you have forgotten it, at: <https://a816-healthpsi.nyc.gov/OnlineRegistration>.
- **Account set-up:** Complete the attached Online Registry Access forms and provide a valid email address. You will receive an email from cir-reset@health.nyc.gov with your username and a time-sensitive 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 to get started. Follow the instructions marked with , and tips, marked with
- Look for the navigation bar, shown below. Look at the available tabs under each page.



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 [Advanced S](#)

Search

First Name

Last Name

DOB mm/dd/yyyy

Gender M F

- **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**.*

- Please use additional searching criteria by clicking on one of the Advanced Search combinations list. 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

First Name

Last Name

DOB mm/dd/yyyy

Gender M F

Multiple Birth N Y

Tip
Use one of these Advanced
[Medical Record No.](#)
[Medical No.](#)
[CIR No.](#)
[Mom's Info](#)
[Address/Phone](#)
[Reset](#) to remove search car
You can set your default Ad
[Set Up](#).

A minimum of items must be entered below.
Please enter as much information as possible to help prevent duplicate records.

Alternate First

Middle Name

Alternate Last

Medical Rec. No.

Medicaid No. (A*****A)

CIR No.

Mom DOB mm/dd/yyyy

Mom First Name

Mom Maiden Name

House No. / St. / Apt. No.

City / State / ZIP NY

Telephone

Strongly Recommended



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 (green 🟢 = up-to-date; red 🟡 = past due; orange 🟠 = due soon) by clicking on the small arrows under each column heading.

The screenshot shows the 'Online Registry' header with navigation icons for Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Set Up, Help, and LogOut. Below the header, there are instructions for using MyList, including a search form with fields for 'First name' and 'Last name', and a 'View MyList' button. A table titled 'Who's in MyList?' displays patient records with columns for Remove, Active, Status, Last/First, Gender, DOB, Address, Phone, and Last Accessed. The table contains three rows of patient data with color-coded status indicators.

- **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. 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 **1** indicate that the reported dose is invalid. Click on the orange bubble for additional details. Clear bubbles indicate a note; they do not indicate that the dose is invalid.

The screenshot shows a patient's immunization history for 'ALEXIS, LEMUISA'. The report is organized into columns for different vaccine series: Influenza, HepB, Rotavirus, DTP, Hib, Pneumo Conjugate, Polio, MMR, Varicella, and HepA. Each series has a grid of bubbles representing individual doses, with dates and status indicators. A 'Next Due' column on the right indicates the date for the next vaccine in the series.

- Click on the printer friendly format icon: 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.

The screenshot shows a printed version of the immunization history report for 'ALEXIS, LEMUISA'. It includes patient information, a header from the New York City Department of Health and Mental Hygiene, and a detailed immunization history table. The table lists vaccine series, types, and dates. A 'Public Report: Immunization Information, Last Lead Test Date' section is also present.

(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 [Coverage/Reminder/Recall Guide](#) for details.

1	A	B	C	D	E	F	G	H
1	Recall Name Recall Name Recall Name: recall_4 to 7years							
2	Date Created: 9/2/2014 11:30:43 AM							
3	Created By: shue1							
4	Based On: Patients in My List							
5	Age Range: 48 mo - 6 yr Gender: Males and Females							
6	Total Patients: 4, Patients not UTD: 3 (75%), Patients UTD: 1 (25%)							
7	Doses: Patients missing any age appropriate immunization							
8								
9	Last Name	First Name	Address	City	State	Zip	Phone	Duo Now
10	ALCOTT	LOUISA	13 Downing Street, 1ST FLOOR BROOKLYN NY	NEW YORK	NY	11215	212-676-2312	Influenza-6
11	PAPADOLUK	VIKOU	2 Lafayette Street	NEW YORK	NY	10013	212-676-2323	DTP-4, Polio-4, MMR-3, Varicella-2
12	WARHOL	ANDREW	2 Lafayette St	NEW YORK	NY	10007	212-655-1212	Influenza-3, DTP-5, Polio-4, MMR-2, Varicella-2, HepA-2



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 cir-reset@health.nyc.gov and will expire after **4 days**.

➤ Site Security Administrators need to contact the DOHMH Security Administrator at: cir-reset@health.nyc.gov.

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



- **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 [User Confidentiality Statement](#), 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.



Help

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](#).



LogOut



Click on the LogOut button when you are not using the system. For security reasons, the system

Visit Us Online! nyc.gov/health/cir



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