

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.

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.**

How can the CIR help you?

Health care providers, pharmacists, and nurses serving adults:

- 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.
- Use 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.

Online access for authorized users: Steps to set up and access the Online Registry:

- (1)** First, to obtain or retrieve your CIR **facility code**, please go to the online [registration page](#). The CIR will contact the registrant and authorizing provider of your facility by email.
- (2)** Next, refer to the [Online Registry Access](#) page, find your practice type, and complete the appropriate set of forms for your site. Fax both the [Site Security Administrator Designation Form](#) and [Security Administrator Confidentiality Statement](#) to **(347) 396-2559**. You will receive Online Registry account set up instructions by email. Additional users must sign a [User Confidentiality Statement](#)
- (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.

(cont'd. on next page)

Individuals and parents, legal guardians, or custodians:

- Get a free copy of your own or your child's immunization record from the Health Department by completing a short application. This application is available online at www.nyc.gov/health/cir 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.
- Participation in the CIR is voluntary for people 19 and older, so immunizations you receive after 18 years of age will not be included unless you give consent. See attached for a sample consent form.
- Coming soon...Search for your record or your child's record online if you are an IDNYC cardholder.

Links to online documents:

1. **Fact Sheet for Health Care Providers of Adults:** <https://www1.nyc.gov/assets/doh/downloads/pdf/cir/cir-hcp-adult-facts.pdf>
2. **Register with CIR:** <https://a816-healthpsi.nyc.gov/OnlineRegistration/dohmh/>
3. **Online Registry Access page:** <https://www1.nyc.gov/site/doh/providers/reporting-and-services/cir-security-admin-info.page>
4. **User Confidentiality Statement:** <https://www1.nyc.gov/assets/doh/downloads/pdf/cir/user-confidentiality.pdf>
5. **Online Registry Quickguide:** <https://www1.nyc.gov/assets/doh/downloads/pdf/cir/cir-quick-guide-hcp-adults.pdf>
6. **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

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.

Visit Us Online! nyc.gov/health/cir

The Citywide Immunization Registry
contact: cir@health.nyc.gov

Health Care Providers may document verbal voluntary consent or adapt this sample form for use.

Consent for Participation in Citywide Immunization Registry (CIR)

for individuals 19 years of age and older

The Health Department's Citywide Immunization Registry (CIR) is a confidential, computerized system that allows authorized users access to a person's immunization records. Strict federal and state laws protect the privacy of personal information in the system. Here are some benefits of participating in the CIR:

- Your health care provider can use the CIR to ensure that you receive all needed immunizations.
- The CIR provides you with a permanent and easily accessible record of your immunizations.

Participation in the CIR is voluntary for people 19 and older, so immunizations you receive after 18 years of age will not be included unless you give consent. If you want to participate, please read the statement below carefully and sign in the space provided.

Declaration of Consent

I give my consent for _____ (name of doctor or organization) to release my immunization(s) and identifying information to the New York Citywide Immunization Registry (CIR). I understand the purpose of the CIR is to assist in my medical care and to record the immunizations that I have had or will receive in the future. My immunization information may potentially be used by the Department of Health for quality improvement purposes, epidemiologic research, and disease control purposes. Information used for quality improvement or any research purposes will have my personal identifying information removed.

The immunization information in the CIR may be released to the following: myself, my health insurance organization, state and local health departments, the school that I am registered to attend, and authorized medical providers that deliver my medical care.

I understand that there will be no effect on my treatment, payment, or enrollment for benefits if I choose not to participate in the CIR. This consent may be withdrawn at any time by using the form provided. Information about immunizations received by the CIR with my consent will remain in the CIR if I later choose to withdraw my consent. However, future immunizations will not be recorded in the CIR.

Print Name

Date of Birth

Signature

Date

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.
2. 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 www.nyc.gov/health/cir and click on the link "register." You may also contact us by email at cir@health.nyc.gov, 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 Administrator:

2. (a) Name of Pharmacy:

(b) Facility Code:

3. (a) Address:

(b) City :

(c) Zip:

4. (a) Phone:

(ext.)

(b) Fax:

(c) Email:

Security Administrators MUST be authorized by a supervising NYS licensed Pharmacist, registered and certified to give immunizations:

5. (a) Name of authorizing pharmacist (If different from above):

(b) License#:

(c) Signature of Pharmacist:

FOR OFFICIAL USE:

Security Administrator user name: _____

Password: _____

Visit Us Online! nyc.gov/health/cir



The Citywide Immunization Registry
contact: cir@health.nyc.gov

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 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 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:

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

PRINT NAME: _____

PHARMACY NAME: _____

WORK ADDRESS: _____

WORK PHONE (ext.): _____ FAX: _____

WORK EMAIL: _____

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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