CIR Citywide Immunization Registry

We help you call the shots!
www.nyc.gov/health/cir

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Mary T. Bassett, M.D., M.P.H.,
Commissioner

NYC Health

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Site Security Administrator Designation Form for Facilities

To access the Online Registry, each health care facility or private practice needs to designate a **Site Security Administrator (User Manager)**. The CIR assigns a username to the Security Administrator, who can then set up additional user accounts for staff members at this site. If the Security Administrator is not the supervising physician, he/she needs to register under the license number of a supervising physician, physician assistant, or nurse practitioner. Steps for completing the form below:

1. Assign a Designated Security Administrator:
    a. Print name and title of the designated Security Administrator.
    b. Print name of facility 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." Or go to: <https://a816-healthpsi.nyc.gov/OnlineRegistration>. You may also contact us by email at cir@health.nyc.gov, or call **(347) 396-2400** for instructions.)
    c. Print your facility address. Print your phone number, fax and email address. All items are required.
2. Print the name and title of the person in charge of the facility, such as Director, CEO, or physician in charge, who is authorizing the Site Security Administrator. The signature and license number of a supervising physician, physician's assistant, or nurse practitioner is required.
3. Once you have completed this form, mail or fax both this form, along with a signed ***Security Administrator Confidentiality Statement for Online Access*** to the CIR at the address below. Attach a copy of your facility letterhead. Letterhead is required to process your request.
4. Upon receipt of these forms, the CIR will contact the site by email to provide the Security Administrator with a username and a time-sensitive link to password set-up instructions.

PLEASE PRINT:

I hereby designate (Name) _____

(Title) _____ as Security Administrator for the following facility:

Facility Name _____ Facility Code _____

Address _____
                              Number and Street Name

_____
                Borough   State   ZIP

Phone (_____) _____ext._____   Fax (_____) _____

Email _____

Name and title of person authorizing Security Administrator:

(Name) _____(Title) _____

Signature of person authorizing Security Administrator _____

Signature of Security Administrator Designee _____

Supervising Physician's Name _____ License Number_____

Supervising Physician's Signature_____

FOR OFFICIAL USE:

Security Administrator   User ID_____   Password _____

Visit Us Online! nyc.gov/health/cir

The Citywide Immunization Registry
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ssa-request-facility