



COLORADO IMMUNIZATION INFORMATION SYSTEM (CIIS) CLINIC ADMINISTRATOR FORM



Instructions: Use this form to designate a CIIS Clinic Administrator for your office. The CIIS Clinic Administrator responsibilities are described below. Please complete the form and either fax it to 303.758.3640 or email it to us at CDPHE.CIIS@state.co.us. **NOTE: All fields marked with * are required.** Questions? Call us toll-free at 1.888.611.9918, option #1 or 303.692.2437, option #2.

*Date _____

***Why are you completing this form? (Check all that apply)**

- I want to **update** my existing clinic profile in CIIS with new information.
- I want to **create** a clinic profile in CIIS for my office. *(For clinics new to CIIS)*
- I want to **submit** this form as part of Meaningful Use immunization reporting requirements.

CLINIC INFORMATION – Please PRINT clearly.

*Clinic Name	
*Clinic Street Address (include Suite #)	
*City, State and Zip Code	
*Clinic Phone Number	
*Clinic Fax Number	
*Clinic County	
Website Address (if applicable)	

CIIS CLINIC ADMINISTRATOR INFORMATION – Please PRINT clearly.

*CIIS Clinic Administrator Name	
*Position/Title	
*Clinic Admin Direct Phone Number	
*Clinic Admin Direct Fax Number	
*Clinic Admin Email Address	
*Hours Available	

***What is the best way to contact you?** Phone Email

Are you replacing the previous CIIS Clinic Administrator for your office? Yes No

***CIIS Clinic Administrator Responsibilities Agreement**

I understand that by accepting the role of CIIS Clinic Administrator, I am:

- Required to approve the creation, deletion or inactivation of any user accounts for my clinic
- The sole authority for account approval – no account creation will occur without my approval and signature
- The point of contact for account verifications, system alerts and policy changes
- Responsible for ensuring that my staff:
 - Comply with all applicable laws, regulations and CIIS policies
 - Access immunization information only to provide care to a patient or to perform quality assurance
 - Treat all information in CIIS as confidential
 - Not release or re-disclose any information in CIIS to any unauthorized person
 - Not allow another person to use their account information to access CIIS
 - Receive training on the appropriate use of CIIS
- Responsible for notifying CIIS when staff members no longer work at the clinic and require account inactivation within one week of staff members leaving the clinic.
- Responsible for notifying CIIS at least one week in advance that I am no longer able to perform these tasks to allow for the transition to a new CIIS Clinic Administrator.

*** CIIS Clinic Administrator Signature:** _____

- CIIS PROGRAM USE ONLY -		
Clinic Code: _____	Entered into Production by: _____	Date: _____
	Entered into CRC by: _____	Date: _____