

North Carolina Immunization Registry
User Confidentiality Agreement
(Complete for each NCIR user)

As a user of the North Carolina Immunization Registry under

(Name of Organization)

I agree to abide by the following policies:

1. Use information contained in the registry only for purposes for which it is intended.
2. Release registry information only to those parties allowed access by North Carolina law and North Carolina administrative code.
3. Keep all information contained in the registry confidential.
4. Keep my assigned user ID and password confidential.
5. Report any violations of confidentiality that I witness.

Employee Name (Please Print)

Employee Signature/Date

On-site NCIR Administrator Signature/Date