**Pennsylvania Immunization Electronic Registry System (PIERS) User Agreement and Confidentiality Policy**

PIERS is Pennsylvania’s Immunization Registry operated by the Commonwealth of Pennsylvania, Department of Health (DOH) that provides secured authentication for users who participate in a Pennsylvania Immunization Program or voluntarily report patient vaccines to the registry. PIERS is available to all providers other than those facilities that administer vaccines in Philadelphia County. Providers in Philadelphia County report to Philadelphia’s Immunization

Registry.

To become a PIERS user, you are required to register as a Business Partner and complete a PIERS User Account Request Form. To enroll, you must provide information about yourself and authorize DOH to verify your information by reference to other Commonwealth of Pennsylvania information sources. DOH agrees that it will only use your personal

information to authenticate your identity and for administration of PIERS.

To access PIERS, you must accept without modification all terms, conditions and notices contained in this User

Agreement and Confidentiality Policy (User Agreement). If you do not accept the terms of use in its entirety, you may not access PIERS.

After acceptance of your PIERS user account request, DOH will provide you with a PIERS user identification ID and

password (credentials). You are responsible for keeping your PIERS credentials secure. Your PIERS credentials should not be shared or used by anyone other than you. You are responsible for all activities that occur under your PIERS

credentials and agree to notify DOH immediately of any unauthorized use of your credentials.

# MODIFICATIONS OF THESE TERMS OF USE

DOH may wish to update or change the User Agreement from time to time to reflect changes in PIERS, including changes in legislation that may affect PIERS. DOH will make reasonable effort to notify PIERS users of any changes. However, DOH reserves the right to make these changes unilaterally, and your continued access to PIERS shall constitute your consent to such change.

# NO UNLAWFUL OR PROHIBITED USE

As a condition of your use of PIERS, you agree that you will not use PIERS for any purpose that is unlawful or contrary to this user agreement. You also may not use PIERS in any manner that could damage, disable, overburden, or impair PIERS or interfere with any other person’s use of PIERS. You may not attempt to gain unauthorized access to any PIERS

account, computer system or networks associated to PEIRS. You may not obtain or attempt to obtain any materials or information through any means not intentionally made available or provided to you through PIERS.

# ACCESS TO AND DISCLOSURE OF PIERS INFORMATION

All data entered and stored in PIERS is to be held in the strictest confidence. You agree to access only those records for which you fulfill a role in administering immunizations or managing government-provided vaccines inventory. Attempts to access other records is strictly prohibited.

Disclosure to a third party of any confidential personal and health information acquired only through access to PIERS is strictly prohibited. Discovery of inappropriate disclosure will result in termination of your access to PIERS.

# TERMINATION/ACCESS RESTRICTION

DOH reserves the right, in its sole discretion, to terminate your access to PIERS or any portion thereof at any time, without notice.

DOH may also terminate or suspend your access to PIERS for inactivity, which is defined as failing to sign into PIERS for an extended period determined by DOH. Upon termination of your account, your right to use PIERS immediately ceases.

# GENERAL

These terms of use are governed by the laws of the Commonwealth of Pennsylvania.

Nothing contained in this User Agreement is in derogation of the right of DOH to comply with governmental, court and law enforcement requests or requirements related to PIERS or information provided to or gathered by the Commonwealth of Pennsylvania related to the use of PIERS. You agree to Indemnity and hold DOH and the Commonwealth of Pennsylvania for any claim, demand, or damage, including reasonable attorney’s fees, asserted by any third party due to or arising out of your use of or conduct in PIERS. If any part of this User Agreement is determined to be invalid or unenforceable pursuant to applicable law, then the invalid or enforceable provision will be deemed

superseded by a valid, enforceable provision that most closely matches the intent of the original provision and the remainder of this User Agreement shall continue in effect.

# ELECTRONIC SIGNATURE DISCLOSURE AND CONSENT

By signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document. I consent to the legally binding terms and conditions of this document. I further agree that my signature on this document is as valid as if I signed the document in writing. I am also confirming that I am authorized to enter into this Agreement.

**PIERS User Account Request Form**

**To request a user account in Pennsylvania Immunization Electronic Registry System (PIERS), you must register as a business partner by going to** [PIERS Business Partner Registration](https://www.hhsidm.state.pa.us/iam/im/businesspartnerspub/ca12/index.jsp?task.tag=PIERSBusinessPartnerRegistration) **as well as complete the PIERS User Account Request Form.**

**\*\*\*Please note that a Business Partner ID application must be completed prior to completion of this form.\*\*\*  
\*\*Commonwealth of Pennsylvania employees (CWOPA) are not required to register for a Business Partner ID\*\***

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| Requester Information | | | | | | |
| 1. Requester’s first name, middle initial, last name   Click or tap here to enter text. | | | | | | |
| 2a. Requester’s email address (Provide your personal work-affiliated email address; must not be a shared email account)  Click or tap here to enter text. | | | 2b. Requester’s email address (used in Business Partner ID Application, if different than Field 2a)  Click or tap here to enter text. | | | |
| 3. Business Partner ID (e.g: b-xxxxxxxx)  Click or tap here to enter text. | | | 4. Job Title  Click or tap here to enter text. | | | |
| 5. Requester’s facility name  Click or tap here to enter text. | | | 6a. PIERS Clinic ID (if known)  Click or tap here to enter text. | | 6b. VFC PIN # (if applicable)  Click or tap here to enter text. | |
| 7. Facility street address (Line 1)  Click or tap here to enter text. | | | 8. Facility street address (Line 2)  Click or tap here to enter text. | | | |
| 9. Facility city  Click or tap here to enter text. | 10. Facility county  Click or tap here to enter text. | | | 11. Facility zip code  Click or tap here to enter text. | | |
| 12. Facility phone number  Click or tap here to enter text. | 13. Facility manager name  Click or tap here to enter text. | | | 14. Facility manager email address  Click or tap here to enter text. | | |
| User Account Types | | | | | | |
| Clinic User – Add Patients/Immunizations  Clinic User – Add Patients/Immunizations/Inventory Management/Clinic Tools  School Nurse – View Patients/Immunizations/Reports/Education; Add and Update Education/Reports  **\*\*\*(If your school administers vaccine, please select the applicable Clinic User type above)\*\*\***  View-Only User – View Immunizations/Patients/Reports  For Commonwealth of Pennsylvania Employees Only (CWOPA User)  VFC Staff  EPI Staff  DOI Field Nurse  Hep B Staff  Clinic User – Add Patients/Immunizations  Clinic User – Add Patients/Immunizations/Inventory Management/Clinic Tools | | | | | | |
| User Settings  (ONLY check if Give or Prescribe Immunizations, otherwise leave blank) | | | Clinic Inventory Management (ONLY check if designated Facility Shipping Contact, otherwise leave blank) | | | |
| Gives Immunizations  Prescribes Immunizations (MD/DO; PA-C; CRNP; Pharmacist) | | | Primary Shipping Contact  Backup Shipping Contact | | | |
| Acknowledgement of Responsibilities | | | | | | |
| My signature below attests that I am the individual named above and the information I provided on this form is true and correct to the best of my knowledge. I understand and shall adhere to Pennsylvania Immunization Electronic Registry System User Agreement and Confidentiality  Policy. | | | | | | |
| 14. Signature  Click or tap here to enter text. | | | 15. Date  Click or tap to enter a date. | | | |
| Facility Approval | | | | | | |
| I approve that this requester is authorized to enter information in PIERS on behalf of my facility   I am approving my own request since I am the owner of this facility | | | | | | |
| 16. Signature  Click or tap here to enter text. | | 17. Title  Click or tap here to enter text. | 18. License (if applicable)  Click or tap here to enter text. | | | 19. Date  Click or tap to enter a date. |
| **A Business Partner ID application must be completed prior to completion of this form. Upon completion of form to its entirety; please send via email attachment to** [**ra-dhpiersuseracct@pa.gov**](mailto:ra-dhpiersuseracct@pa.gov) | | | | | | |

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| Additional Clinic Information  If you are associated to multiple facilities, please provide the additional locations in the corresponding fields below | | | | | | |
| **Facility Name** | **Facility Street Address (Address, City, Zip Code)** | **County** | **PIERS Clinic ID**  **(if known)** |  | **VFC PIN (if applicable)** | **Shipping Contact (Y/N; Primary/Backup)** |
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