



PUBLIC HEALTH DIVISION
Oregon Immunization Program

Kate Brown, Governor

Oregon
Health
Authority

800 NE Oregon St. Suite 370
Portland, OR 97232
Voice: 971-673-0300
FAX: 971-673-0278
www.healthoregon.org/imm

August 3, 2017

Joseph Edwards
815 NW Naito Pkwy Apt 411
Portland, OR 97209

Dear Mr. Edwards,

I am writing to let you know that on July 27, 2017, ALERT IIS incorrectly shared your immunization record with your medical provider. The information sent contained your name, date of birth, and immunization record including data on immunizations you have received and which immunizations are currently due.

I am letting you know about this because in January 2017, you officially requested that ALERT IIS seal your immunization record.

Our policy states that adults age 18 years and older have the right to request that their record be either sealed, so authorized users (medical providers) cannot access it, or purged from the information system altogether. Records that are sealed can later be unsealed by the patient and they can be used in the case of a declared public health emergency. Purged records are deleted from the system. Purged information cannot be recovered.

Honoring your request is very important to us. I am taking steps to ensure this doesn't happen again. The ALERT IIS team is committed to ensuring the privacy and confidentiality of all records. If you have questions, please call me, Jenne McKibben, ALERT IIS Director, 971-673-0294 or toll free through the ALERT IIS Help Desk at 800-980-9431.

Sincerely,

Jenne McKibben
ALERT IIS Director
Oregon Health Authority
Immunization Program

ALERT Immunization Information System (IIS) Request for Sealing of Adult Record / Purging of Adult Record

Note – This form may be used only for adults age 18 years and over. Requests for sealing of children's records must be submitted on form DHS AL521.

In accordance with Oregon Revised Statute 433.098 and Oregon Administrative Rule 333-049-120, adults over the age of 18 years have the right to have their immunization record in the Immunization Information System (IIS) either purged or sealed at their discretion.

PLEASE SELECT HOW THE RECORD SHOULD BE HANDLED (choose one option only):

☒ SEALING – When a record is sealed, all immunization and demographic information is kept on file. If additional information is reported, the record will continue to be updated. However, the information will not be released to any authorized user without a signed release of information form from the patient. In a declared public health emergency, information about a patient may be released to public health officials responding to the emergency.

☐ PURGING – When a record is purged, all immunization information is deleted from the record and no information will be released to any authorized user, for any reason. However, certain pieces of demographic information must be kept on file in order to assure that any additional immunization information reported be deleted as soon as possible. Information from a purged record cannot be recovered.

Name: Joseph Edwards
Address: 815 NW NAITO PIKE City: PORTLAND State: OR Zip: 97209
Date of Birth: 4/1
Mother's Maiden Name: [REDACTED]

(used for verification purposes)

Copy of photo ID with current address:

☒ Driver's License ☐ State Issued ID Card ☐ Passport* ☐ U.S. Military ID Card

* If using a passport, please include a piece of mail with current mailing address.

Signature: [Signature]

Submit completed form and a photocopy of both sides of your photo ID by mail to:

ALERT IIS

Attn: Record Update

800 NE Oregon St, Ste. 370, Portland, OR 97232



Production Region 4.1.1

[home](#)[manage access/account](#)[forms](#)[related links](#)[logout](#)[help desk](#)organization **Oregon Immunization Program** • user **Amanda Timmons** • role **ALERT System Administrator**

Mother's First Name and Maiden Last Name assist in the patient deduplication process. While the record was saved without this information, please attempt to locate and add it to the patient's record.

Patient record successfully saved

Patients

- manage patient
- enter new patient
- merge patients
- upload list
- check roster status
- manage roster list

Immunizations

- manage immunizations

Reports

- reminder / recall
- check reminder status
- check reminder list
- manage custom letters
- cocasa extract
- check request status
- vaccine eligibility
- check vaccine elig status
- doses administered
- group patients
- check group status
- assessment report
- check assessment
- benchmark report
- check benchmark
- ad hoc list report
- ad hoc count report
- ad hoc report status
- billing report request
- check billing report
- provider report
- check provider status
- accountability report request
- check accountability report

Inventory

- manage inventory
- manage orders
- manage transfers
- shipping documents
- transaction summary
- manual orders
- manage ndc
- inventory count list
- vtcks export
- vtcks import
- vtcks import status

Maintenance

- manage schools
- manage physicians
- manage clinicians

Data Exchange

- exchange data
- check status
- manage data exchange
- manage interstate dx
- vital data exchange
- job monitor
- submit hmo data
- submit hmo query
- organizational extract
- custom flat file layouts
- custom csv file layouts

Query Only

- view patient report

School Access

- manage list
- find student

Update Patient**Personal Information*** Last Name * Gender * First Name

SSN (On File)

Middle Name Medicaid ID Suffix Birth Order (for multiple births)* Birth Date Birth Country * Mother's Maiden Last Birth State * Mother's First Name Birth County

Patient Identifier 9481141

Last Updated by Oregon Immunization Program on 01/06/2017

Patient AKA (0) ▼

Organization Information ▼

Patient Information ▼

Address Information ▼

Responsible Persons (2) ▼

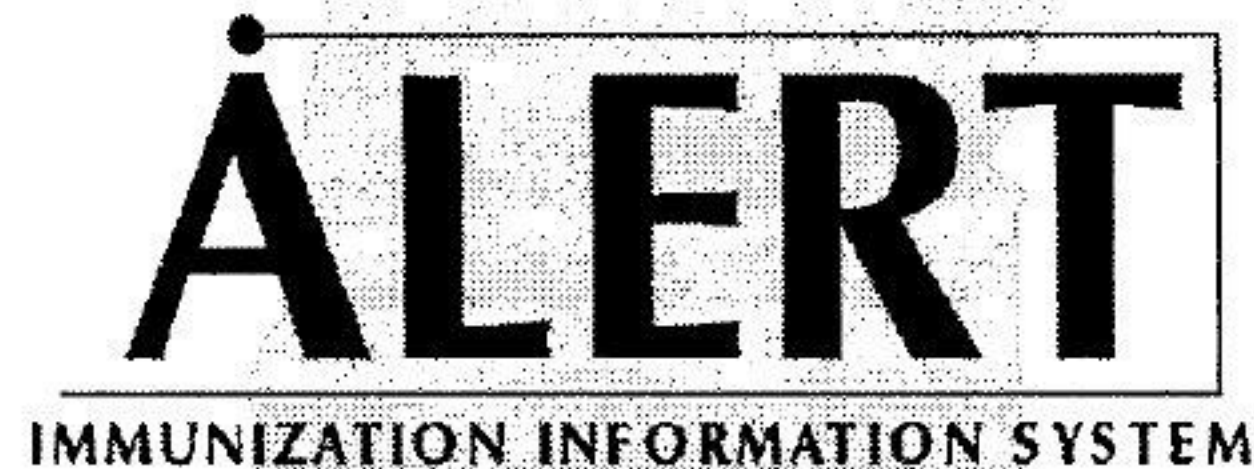
Patient Comments (0) ▼

Patient Notes (0) ▼

Lock Record/Purge Immunizations ▲

☒ Lock Record☐ Purge Immunizations

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ALERT IIS
800 NE Oregon Street, Suite 370
Portland, Oregon 97232
Phone: (800) 980-9431
Fax: (971) 673-0276
Web: WWW.ALERTIIS.ORG
Email: ALERTIIS@STATE.OR.US

ALERT Immunization Information System (IIS) Request for Sealing of Adult Record / Purging of Adult Record

What is ALERT IIS?

ALERT IIS is Oregon's statewide immunization information system. ALERT assists medical providers and their patients by consolidating all immunizations into one record, regardless of where the immunization was given. This allows patients to have a lifetime immunization record in a centralized place, which prevents the need to repeat immunizations because of missing documentation. Documentation of immunizations is often required for attending school, traveling and in some occupations.

Who can see my record?

Access to ALERT IIS is strictly controlled by Oregon statute. Authorized users include medical clinics, local health departments, the Division of Medical Assistance Programs, insurance companies, colleges, schools and child care centers. Authorized users are restricted to accessing information only for their own patients or students, assured by requiring detailed demographic information to conduct a patient search.

What if I don't want my record shared?

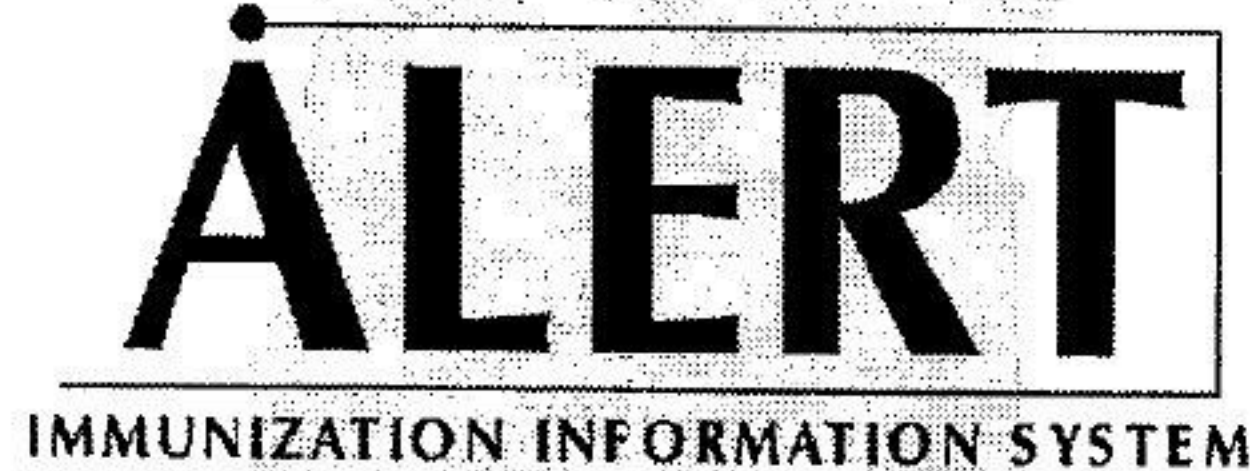
Adults over 18 years of age have the right to request that their record be either sealed, so authorized users cannot access it, or purged from the information system altogether. Adults can request this by completing the following form and mailing it, along with a photocopy of a driver's license, state ID card, passport or U.S. Military ID Card. Please use an ID that has your current address on it.

Why do you need a copy of my photo ID?

We need to verify the identity of the adult requesting to have their record sealed or purged. We will send a notice to the address that is on the identification once we have executed the request, within 30 days of receiving the completed paperwork.

Can I get a copy of my record?

To receive a copy of your unsealed record, call ALERT customer service line at 1-800-980-9431. Once a record is locked it cannot be released, even to authorized users. A sealed record can be unsealed only by the adult who sealed the record by sending in a request with a copy of photo ID. Purged records have been deleted and cannot be recovered.



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Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Mother's Maiden Name: _____

(used for verification purposes)

Copy of photo ID with current address:

☐ Driver's License ☐ State Issued ID Card ☐ Passport* ☐ U.S. Military ID Card

* If using a passport, please include a piece of mail with current mailing address.

Signature: _____

Submit completed form and a photocopy of both sides of your photo ID by mail to:

ALERT IIS

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