The purpose of the Quick Reference Guide for Direct Data Entry On-Boarding is to provide the Senior Prescribing Authority and Legal Signature Authority (if needed) with step-by-step instructions on the on-boarding process. If questions or concerns should arise during the on-boarding process, contact the help desk at 866-439-4082.

The senior prescribing authority must have a SCIAPPS account to proceed. If the senior prescribing authority does not have a SCIAPPS account, please select and print the Quick Reference Guide for Establishing a New Account on the SCIAPPS home page (https://www.scdhec.gov/apps/health/sciapps) and follow the step-by-step instructions to establish a new account.

Logging into SCIAPPS

To begin the on-boarding enrollment process for Direct Data Entry with an existing SCI PAS account, Senior Prescribing Authority should go to: https://www.scdhec.gov/apps/health/sciapps

Enter your email address and password provided. Click Sign In.

Navigating To Direct Data Entry Enrollment

Click on the Direct Data Entry Enrollment entry in the Enrollments & Applications section of the SCIAPPS Dashboard.

Direct Data Entry Enrollment Overview Page

The overview page shows the enrollment items as well as the link to launch the registry.

School nurse must complete the User Confidentiality Agreement (DHEC 0869). Click on User Agreement (DHEC 0869).

User Confidentiality Agreement (DHEC 0869)

DHEC Direct Data Entry Enrollment   Enroll   556555 - Test Facility   testnurse@test.co

SCIAPPS Dashboard
Logoff
Direct Data Entry Enrollment
Review & Submit
User Agreement (DHEC 0869)

PIN: 556555

Print

South Carolina Department of Health and Environmental Control South Carolina Immunization Registry - User Confidentiality Agreement

This agreement governs my access to the South Carolina Immunization Registry developed and maintained by the South Carolina Department of Health and Environmental Control (DHEC)

The Registry is a statewide, confidential computerized database of patient immunization information. Registry records constitute confidential information that may include, but is not limited to, patient identifiable and protected health information. Users of the Registry are required by law to safeguard the confidentiality and security of this information. Access to the Registry is by individual user identification and password.

THEREFORE, as a condition to receiving access to the South Carolina Immunization Registry, I agree as follows:

Agree
☐ | I will attend all DHEC training required for Registry access.

Agree
☐ | I understand that Registry information is confidential patient information that should only be disclosed to persons authorized to receive it.

[partially obscured] ill only disclose Registry information as required for patient care or as authorized by law.

[partially obscured] ss the Registry as necessary to update Registry records or obtain information to treat a patient or for other purposes allowed by DHEC [ations.]

[partially obscured] included, any false, inaccurate, or misleading information in the Registry.

[partially obscured] the Registry unless necessary to provide patient treatment or to print immunization records or certificates or [ations.]

[partially obscured] gistry as a confidential patient record and protected health information under federal and state privacy laws.

[partially obscured] vord to anyone else or allow anyone else to access the Registry using my identification or password.

☐ | I will not access the Registry using anyone else's identification or password.

> School nurse must read and agree with all of the elements contained in the User Confidentiality Agreement (DHEC 0869). School nurse will acknowledge agreement by checking the Agree box for each of elements.

DHEC Direct Data Entry Enrollment   Enroll   556555 - Test Facility   testnurse@test.com

SCIAPPS Dashboard
Logoff
Direct Data Entry Enrollment
Review & Submit
User Agreement (DHEC 0869)

Agree
☐ | I will not compile any aggregate data or statistics from Registry unless expressly authorized in writing by the Director of the DHEC Immunization Division or his/her designee.

Agree
☐ | I will contact the DHEC Immunization Division at 1-866-439-4082 if I have any questions about accessing or using Registry information.

Agree
☐ | I understand that Registry access is a privilege, not a right, and that DHEC can terminate access if I violate any of these conditions.

Agree
☐ | I understand that misuse of the Registry or disclosure of Registry information in violation of this Agreement and federal and state privacy laws may also result in civil and/or criminal prosecution, penalties, or legal action.

Agree
☐ | I understand that my obligations under this Agreement will continue after termination of my employment.

Signature

By signing this Agreement, I agree that I have read, understand, and will comply with the conditions outlined in this Agreement. I agree t[o prot]ect confidentiality of the South Carolina Immunization Registry, and understand the consequences if I violate the terms of this Agreemen[t.]

Enter your e-mail address as your electronic signature: [_____]

Save

DHEC 0869

> After checking all of the Agree boxes, the last step is your electronic signature. Please enter your e-mail address as your electronic signature. Click Save.

After successfully completing the User Confidentiality Agreement, access is immediately granted to SCI Registry.

Click Launch Registry.