



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CT WiZ User Agreement

The Connecticut Immunization Information System ("CT WiZ") is a confidential computer system that collects and selectively discloses information to authorized individuals about the identity, demographics and vaccination history of people in the State of Connecticut.

The information in CT WiZ must be treated in a manner that preserves the confidentiality and privacy of those people and promotes access to timely and accurate information.

By checking the 'Click to Accept' this Agreement box I indicate that I agree to the following:

1. I have received from my employer, read and will abide by the [CT WiZ Confidentiality Agreement](#).
2. I will provide immunization data to CT WiZ in a timely and accurate manner.
3. I will not knowingly enter invalid or false data into CT WiZ or falsify any data obtained from CT WiZ.

I understand that, if I violate this CT WiZ User Agreement, my access to CT WiZ can be terminated; and I may be subject to criminal, civil or criminal and civil penalties under the law.



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<https://portal.ct.gov/DPH/Immunizations/CONNECTICUT-IMMUNIZATION--PROGRAM>
Affirmative Action/Equal Opportunity Employer

