

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

## CT WiZ User Agreement

The Connecticut Immunization Information System ("CT WiZ") is a confidential, secure, web-based system that collects and selectively discloses information to authorized individuals about the identity, demographics and vaccination history of people vaccinated in the State of Connecticut. The information in CT WiZ must be treated in a manner that preserves the confidentiality and privacy of those individuals and promotes access to timely, complete and accurate information.

**By checking the 'Click to Accept' button on the CT WiZ Account Registration page, I confirm that I agree to the following:**

1. I have selected the correct user access type as described at: [Which User Access Do I Need?](#)
2. I have read and will comply with Connecticut General Statutes Section 19a-7h and the [CT WiZ Policies and Procedures](#) or regulations adopted thereunder.
3. If I am a vaccinating health care provider, I will electronically report or enter immunization data to CT WiZ as required by Connecticut General Statutes Section 19a-7h(c) and the CT WiZ Policies and Procedures or regulations.
4. I will not knowingly report or enter invalid or false data into CT WiZ or falsify any data obtained from CT WiZ.
5. I will not use CT WiZ to obtain or disclose information of any type on any individual enrolled in CT WiZ except as permitted by the CT WiZ Confidentiality Agreement.

I understand that if I violate this CT WiZ User Agreement, my access to CT WiZ may be terminated and the Connecticut Department of Public Health may take necessary legal action.



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