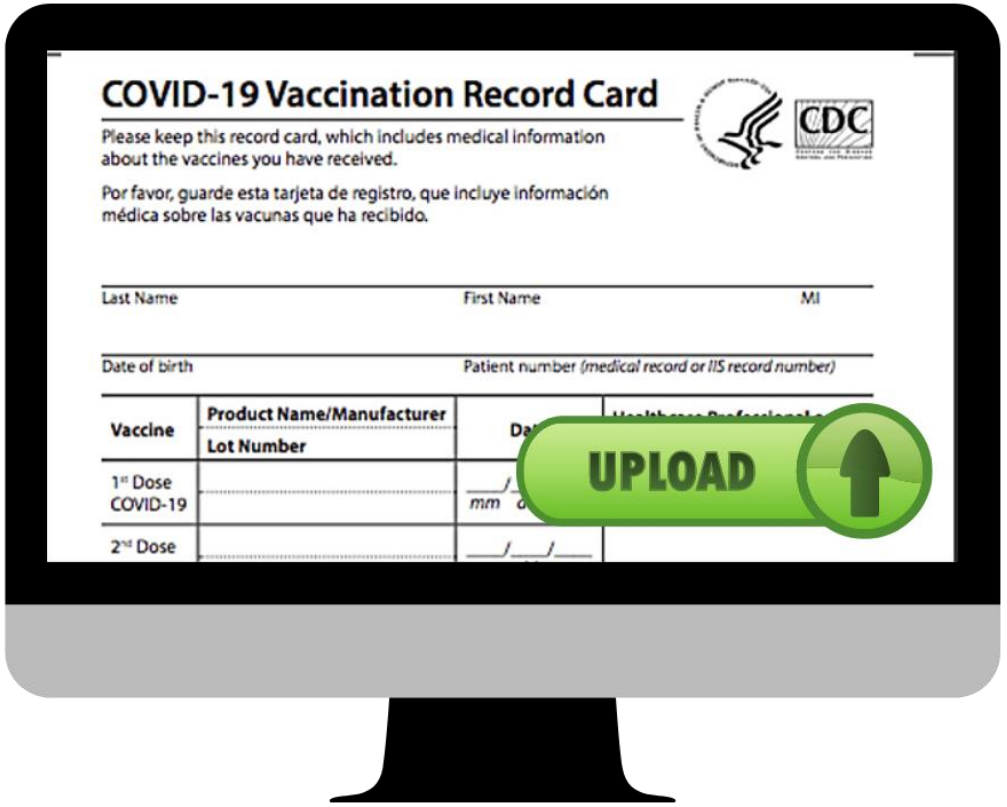
How to submit your vaccination status online

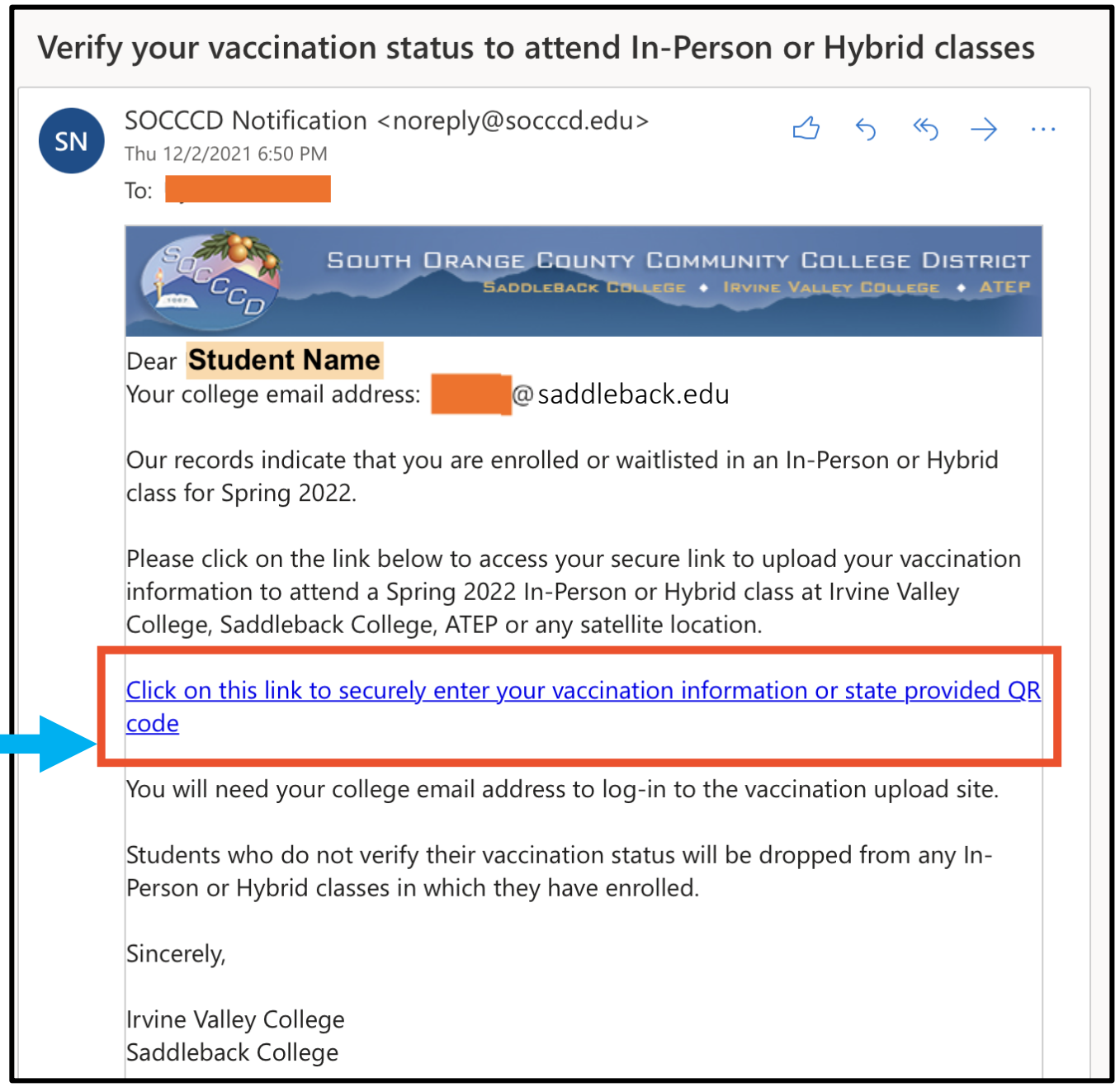


1) You will receive an email from Saddleback College to submit your proof of vaccination.

Click on the link.

This link can also be found at: https://www.saddleback.edu/spring2022

Click the link under the "Verify Your Vaccination Status" area.



Verify your vaccination status to attend In-Person or Hybrid classes

SN

SOCCCD Notification <noreply@socccd.edu>

Thu 12/2/2021 6:50 PM

To: [redacted]

South Orange County Community College District

Saddleback College • Irvine Valley College • ATEP

Dear **Student Name**

Your college email address: [redacted]@saddleback.edu

Our records indicate that you are enrolled or waitlisted in an In-Person or Hybrid class for Spring 2022.

Please click on the link below to access your secure link to upload your vaccination information to attend a Spring 2022 In-Person or Hybrid class at Irvine Valley College, Saddleback College, ATEP or any satellite location.

Click on this link to securely enter your vaccination information or state provided QR code

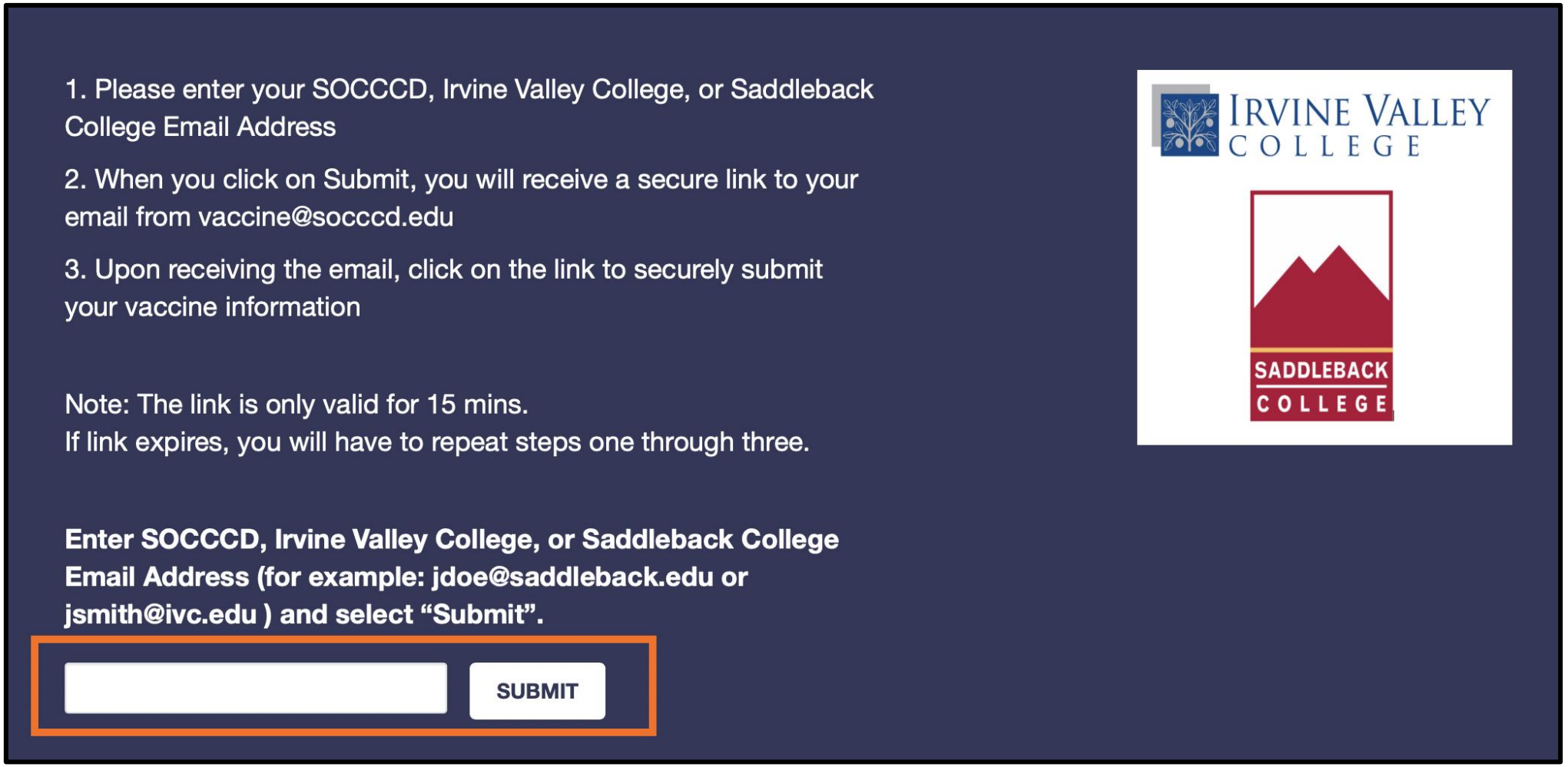
You will need your college email address to log-in to the vaccination upload site.

Students who do not verify their vaccination status will be dropped from any In-Person or Hybrid classes in which they have enrolled.

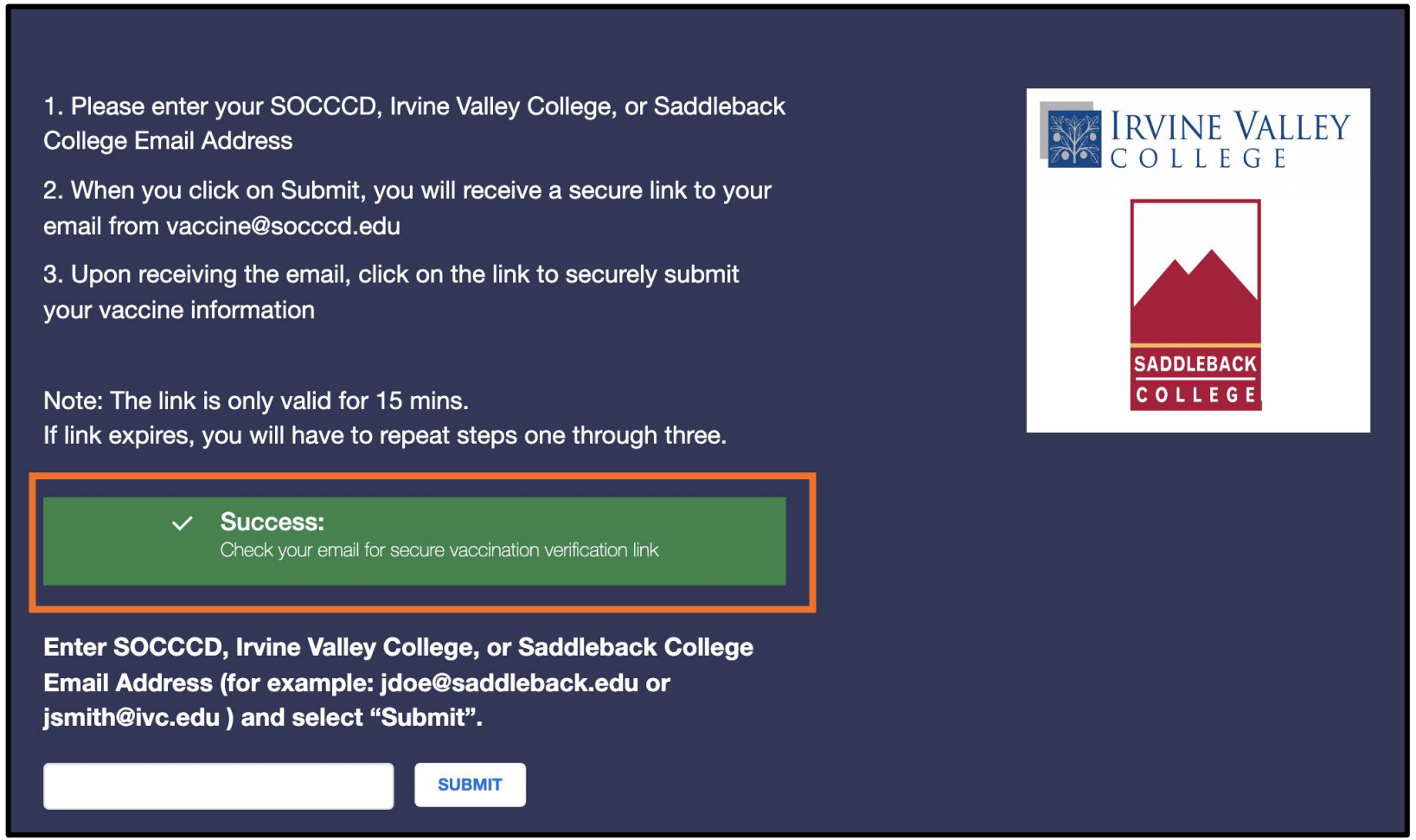
Sincerely,

Irvine Valley College
Saddleback College

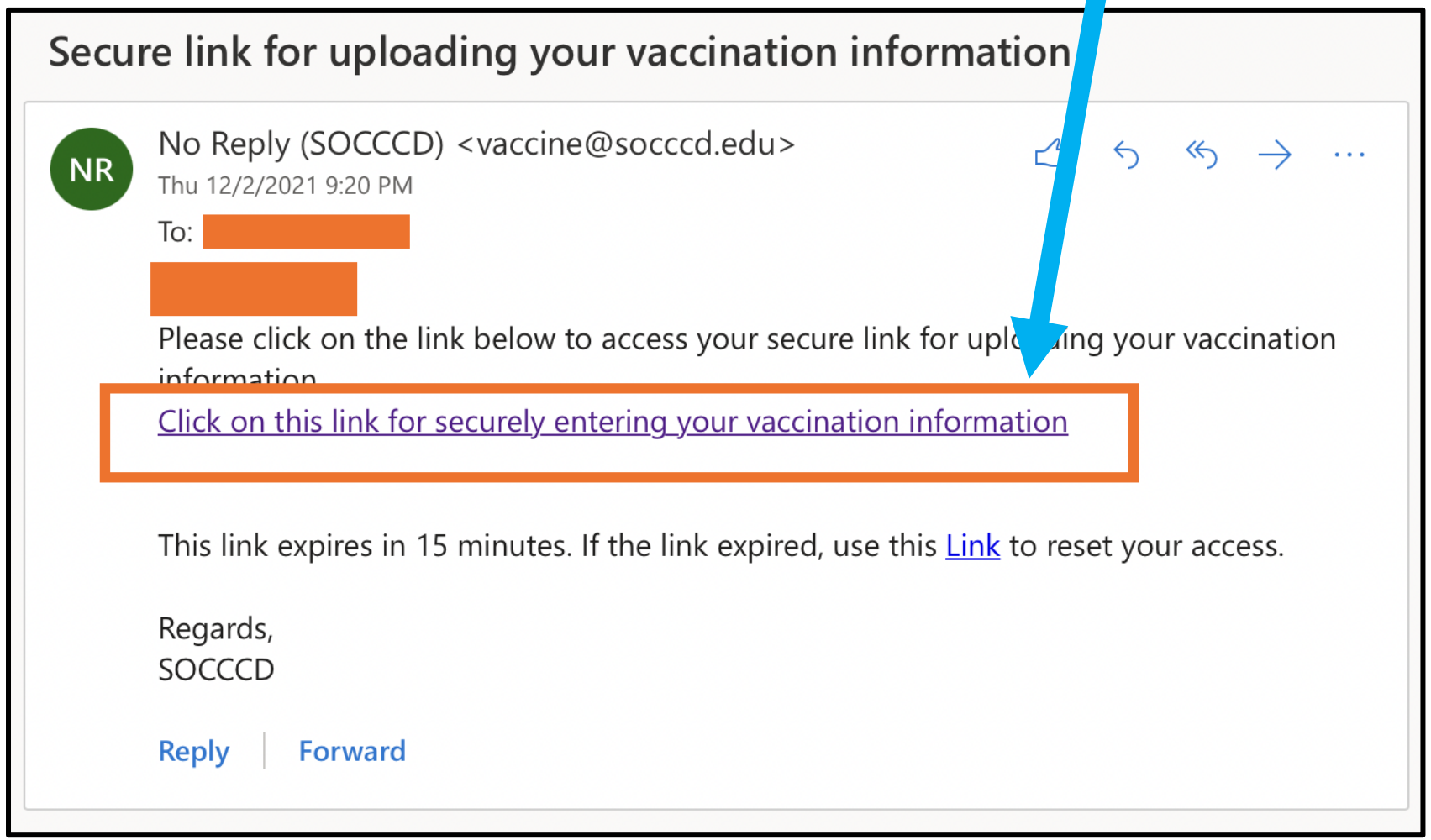
2) Type in your Saddleback College email. Click SUBMIT.



3) You will see a green “Success” box. Now, check your Saddleback College email again.



4) You will receive another email with a NEW link. This link expires in 15 minutes. Click the link.



5) You will open a “Vaccine Verification Services” webpage.

Write your full name. Click SUBMIT.



HIPAA and PHI Information and Consent Form

Vaccine Verification Services

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years.

Specifically, there are rules and restrictions regarding who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. Those needs are balanced with the goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

The following policies exist to protect your information:

1. Patient information is kept confidential consistent with 20 U.S.C. 1232g - Family Educational and Privacy Rights Act,to provide services or to ensure all administrative matters related to your care are handled appropriately.
2. You agree to bring any concerns or complaints regarding privacy to the immediate attention of Human Resources or Student Services.
3. Your confidential information will not be used for the purposes of marketing or advertising of products, goods, or services consistent with 20 U.S.C. 1232g - Family Educational and Privacy Rights Act.
4. Access to results is provided at your request and in accordance with state and federal laws.
5. You have the right to request restrictions in the use of your protected health information and to request changes in certain policies used by school concerning your PHI.

VACCINE VERIFICATION DATA CONSENT

Per Irvine Valley College’s/Saddleback College’s health and safety policy, and as a condition of enrollment, you hereby consent to allow verification of your vaccination status in the state or other jurisdiction’s immunization registry in which you received vaccinations. By your enrollment at Irvine Valley College/Saddleback Colleges, you are agreeing to allow *Healthcare IT Leaders* via *TrackMy Solutions* to verify any vaccination data that you report to us or give us by way of an uploaded image of a CDC vaccination card, or by inputting data into a third-party system. *TrackMy Solutions* will attempt to verify vaccine data on your behalf, by querying the state or other jurisdiction’s registry where you indicate the vaccine was administered and return this result to you in a secure format. You are authorizing *TrackMy Solutions* and a third-party pharmacy or other healthcare provider that is a partner of *TrackMy Solutions*, to provide you with healthcare services that include verifying your vaccination status and determining any recommended dose of the COVID-19 vaccine or other vaccine recommended by the Advisory Committee on Immunization Practices. You will become a patient of the pharmacy through use of the pharmacy services listed prior. You understand that the results of this query of a state registry could return your full vaccination record. *Healthcare IT Leaders*, *TrackMy Solutions* and its partner organizations will handle all information obtained in a confidential manner and limit access to the minimum number of individuals necessary. You agree to share your vaccination status with your District and your District will only be provided with the minimum information necessary to demonstrate that you have satisfied any vaccination mandate that has been deemed to be a condition of enrollment. At no time, will *Healthcare IT Leaders* or *TrackMy Solutions* disclose your confidential information to any additional entities without your authorization. Falsifying records is a criminal offense, thus please enter information that is fully accurate and to the best of your knowledge. If initial verification cannot be completed, you authorize *Healthcare IT Leaders* and *TrackMy Solutions* to use a third-party intermediary to reach out to you, to gather additional information to verify your vaccination status. If Irvine Valley College/Saddleback College is providing you with doses of vaccinations, you agree to authorize *Healthcare IT Leaders* and *TrackMy Solutions* to report required information about those doses to the appropriate state registry to satisfy immunization-reporting requirements.

Name (Print): [redacted]

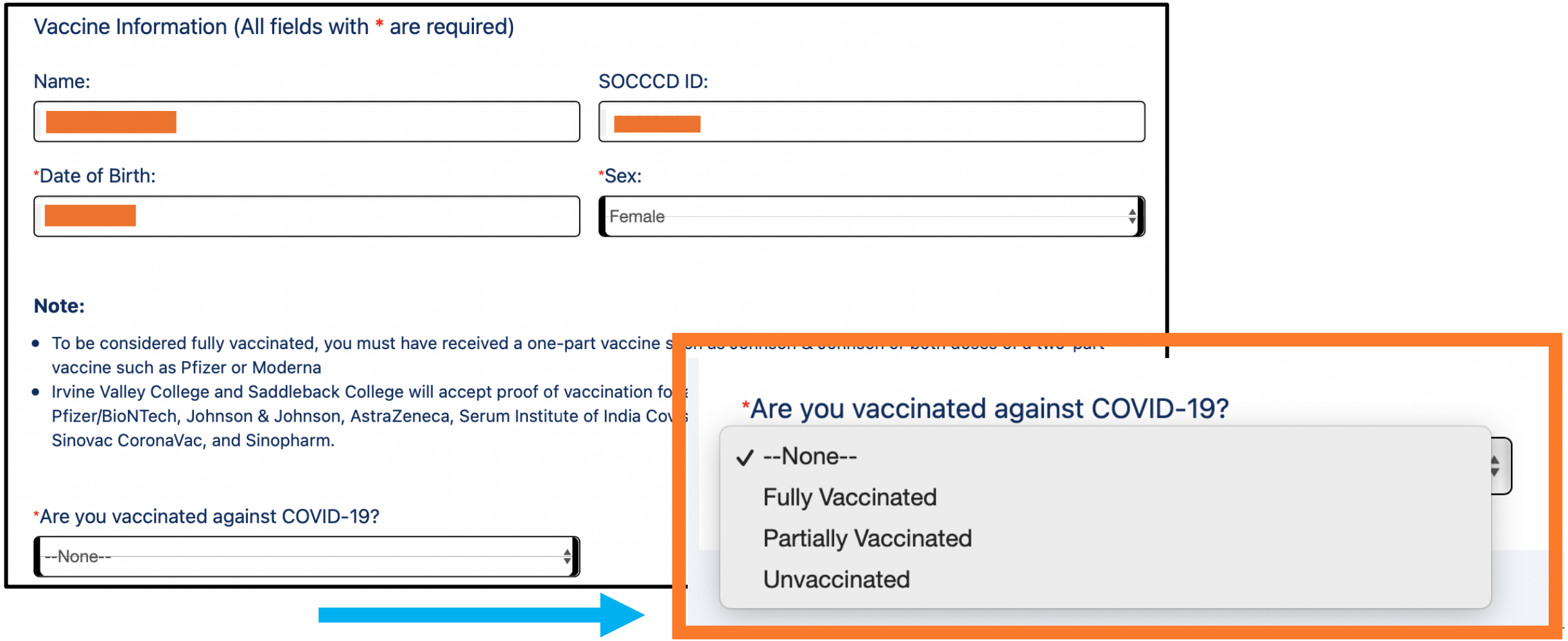
SOCCCD ID #: [redacted]

Type your full name below to eSign your consent:

I, [redacted] date 12/03/2021 do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA INFORMATION FORM and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.

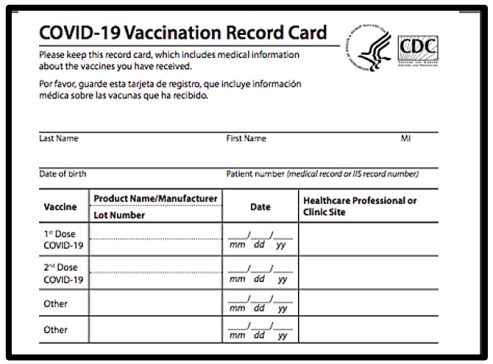
SUBMIT

6) Click the box and choose the vaccination status.



7) Put in your information. Click “CHOOSE FILE” to upload a picture of your vaccination card. Then, click SUBMIT.

Please upload .JPEG files only



COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

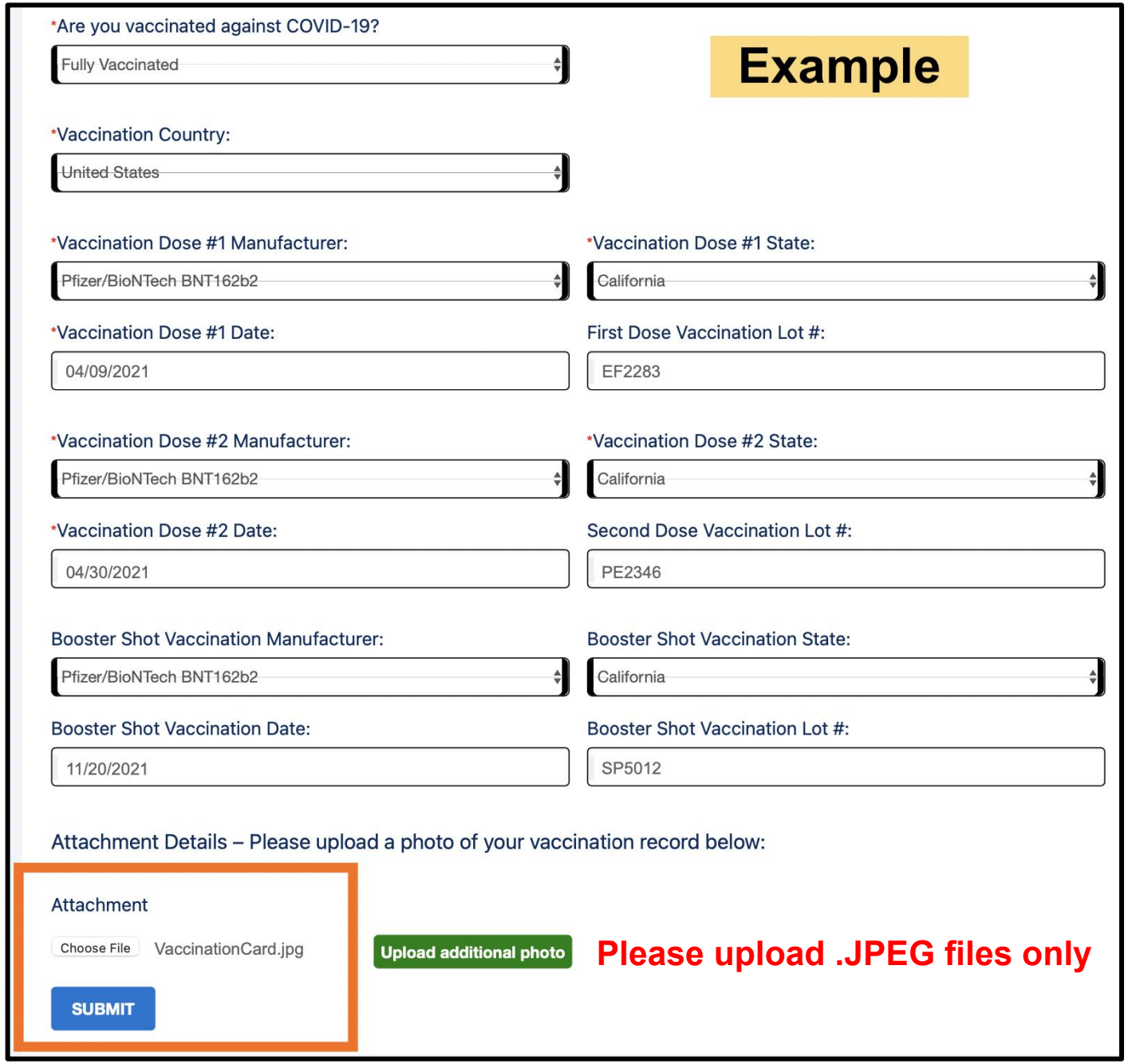
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name | First Name | MI

Date of birth | Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19		__/__/__ mm dd yy	
2nd Dose COVID-19		__/__/__ mm dd yy	
Other		__/__/__ mm dd yy	
Other		__/__/__ mm dd yy	





8) You will see a green “Success” box. You’re finished!

