

How to Submit Your Vaccination Status Online

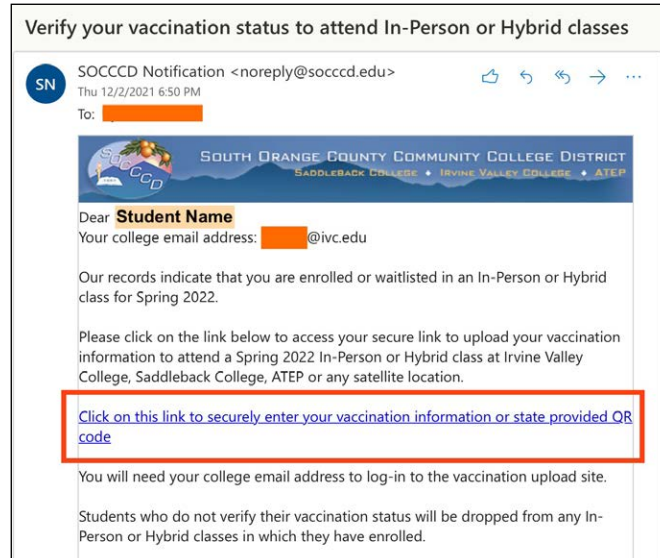
Office of Extended Education
Emeritus Institute
1624 Valencia Avenue,
Room 205
Tustin, CA 92782
949-367-8343
ivcemeritus@ivc.edu
academics.ivc.edu/emeritus

Admissions and Records
949-451-5220
admissions.ivc.edu

Technology Services
949-451-5696
tech.ivc.edu

1) You will receive an email from IVC to submit your proof of vaccination. Click on the link:

<https://hitlrte.secure.force.com/CovidTracking?sitekey=SOCCCD>



2) Type in your IVC email. Click **SUBMIT**.

1. Please enter your SOCCCD, Irvine Valley College, or Saddleback College Email Address

2. When you click on Submit, you will receive a secure link to your email from vaccine@socccd.edu

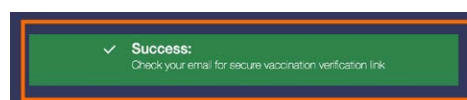
3. Upon receiving the email, click on the link to securely submit your vaccine information

Note: The link is only valid for 15 mins.
If link expires, you will have to repeat steps one through three.

Enter SOCCCD, Irvine Valley College, or Saddleback College Email Address (for example: jdoe@saddleback.edu or jsmith@ivc.edu) and select "Submit".



3) You will see a green "Success" box. Now, check your IVC email again.



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

Secure link for uploading your vaccination information

 No Reply (SOCCCD) <vaccine@socccd.edu> Thu 12/2/2021 9:20 PM

To: [REDACTED]

Please click on the link below to access your secure link for uploading your vaccination information.

[Click on this link for securely entering your vaccination information](#)

This link expires in 15 minutes. If the link expired, use this [Link](#) to reset your access.

Regards,
SOCCCD

[Reply](#) | [Forward](#)

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/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.

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6) Click the box and choose the vaccination status.

Vaccine Information (All fields with * are required)

Name: SOCCCD ID:

*Date of Birth: *Sex:

Note:

- To be considered fully vaccinated, you must have received a one-part vaccine such as Johnson & Johnson or both doses of a two-part vaccine such as Pfizer or Moderna
- Irvine Valley College and Saddleback College will accept proof of vaccination for any of the major vaccines, including Moderna, Pfizer/BioNTech, Johnson & Johnson, AstraZeneca, Serum Institute of India Covishield (Oxford/AstraZeneca formulation), Sputnik V, Sinovac CoronaVac, and Sinopharm.

*Are you vaccinated against COVID-19?

*Are you vaccinated against COVID-19?
 --None--
 Fully Vaccinated
 Partially Vaccinated
 Unvaccinated

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

*Are you vaccinated against COVID-19?

Example

*Vaccination Country:

*Vaccination Dose #1 Manufacturer: *Vaccination Dose #1 State:

*Vaccination Dose #1 Date: First Dose Vaccination Lot #:

*Vaccination Dose #2 Manufacturer: *Vaccination Dose #2 State:

*Vaccination Dose #2 Date: Second Dose Vaccination Lot #:

Booster Shot Vaccination Manufacturer: Booster Shot Vaccination State:

Booster Shot Vaccination Date: Booster Shot Vaccination Lot #:

Attachment Details – Please upload a photo of your vaccination record below:

Attachment
Choose File: VaccinationCard.jpg



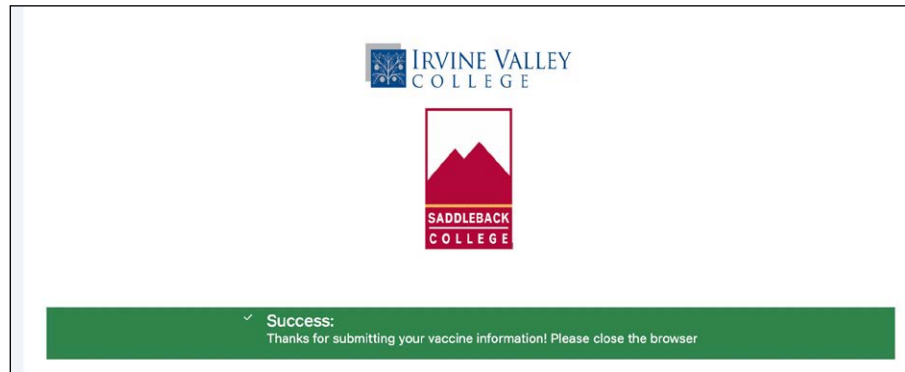
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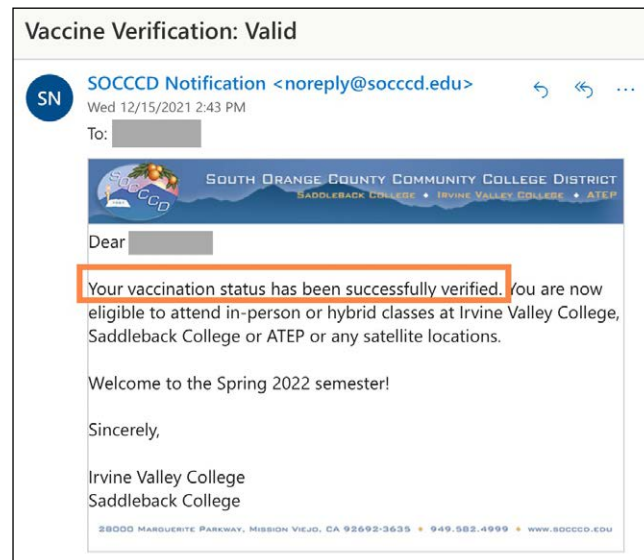
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**8) You will see a green “Success” box.
You’re finished!**



TIP: Take a screenshot of this page for your records.



**When the school verifies your vaccination record,
you will receive a confirmation email.**

NOTE: Currently, this can take more than a week.



If you require this publication in an alternate format, please submit your request to ivcaltmedia@ivc.edu or call 949-451-5499.