



# Navigation in CoPHR/CIIS

# Public Health Clinic

Colorado's Integrated Public Heath Reporting portal (CoPHR) allows Colorado's health care community to register intent for Meaningful Use for the following public health programs: Cancer Registry Reporting, Electronic Lab Reporting, Immunization Reporting, and Syndromic Surveillance Reporting. This guide describes how to navigate the CIIS Resource Center (CRC) within CoPHR. This guide does not address the other public health programs.

CoPHR is the primary portal for all public health reporting in Colorado. Within CoPHR there is an immunization-specific sub-portal called the CIIS Resource Center (CRC). The CRC is a self-service system that allows you to do a number of tasks once enrollment is complete, including:

- Submit new user account requests.
- Access training information and resources.
- Provides access to electronic data exchange guidelines and CIIS messaging specifications.
- Test Health Level 7 (HL7) messages generated from your EHR against CIIS specifications for formatting accuracy (HL7 validation).
- Submit online support tickets to the CIIS Help Desk for assistance.

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1 August 2018

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# Navigating the CIIS Resource Center

This document picks up where the Public Health Clinic Enrollment guidance document left off. Please login to your CoPHR account on the CoPHR website (www.cophr.com).

1. After logging in, you will be taken directly to the CIIS Resource Center (CRC) within CoPHR where you will see 6 widgets.



Note: Each section on the Main Screen will be called a widget in the remainder of this guidance document. The chart below describes what the icons stand for:

✓	Step Completed and approved (if applicable)
0	Step Not Completed
<u> </u>	Step In Process - May Need Approval





 If at any time you get lost within the portal or redirected back to the main CRC homepage by clicking Main in the dark blue bar at the top of the page.



# Widget Navigation

This section describes how to navigate the following:

- Usage Agreements
- Help Desk
- Training Resources
- Users & Contacts
- Data Exchange
- My Account

### Note:

<u>All sites</u> should complete the information within the Usage Agreement widget and setup users under the Users & Contacts widget.

Sites <u>interested in developing an immunization interface</u> should complete pre-testing or have their EHR vendor complete pre-testing for them using the HL7 testing tool under the Data Exchange Widget.

### Usage Agreements Widget

This section describes how to submit a site Letter of Agreement (LOA) and sign the CIIS Administrator Form.

### Signing the Site LOA

1. Click on the Submit New Clinic (LOA) link under the Usage Agreements Widget.







2. Review the Colorado Immunization Information System Participating Clinic Letter of Agreement. Check the box next to *I agree to the above terms and conditions as set forth by the Public Health Agency*. Click Submit.

COLORADO Department of Public Health & Environment						
Dedicated to protecting and improving the health and environ	nment of the people of Colorado					
Colorado Public Health Reporting (CoPHR) Participating Clinic Letter of Agreement						
Date: 02/23/2018 Clinic Name:						
Address:						
City: State: CO Zip Code: Code						
Pursuant to C.R.5. §25-42-401 et seq., the Colorado Department of Public Health and Environment (CDPHE) operat Colorado Public Health Reporting (CoPHR). The CIS mission is to establish and maintain a population-based, confid immunization information system that facilitates the timely and complete immunization for all Coloradans to preve individuals and the State.	es a web- based state immunization registry, the ential, fully functional, and sustainable nt disease and reduce health care costs to					
The term "Participating clinic" refers to the entity identified at the top of this Latter of Agreement (LGA). By returning as igned copy of this LGA you acknowledge and confirm that: I you are automicated to agn this LGA in obshalf of the Participating (clinic); at the Articipating clinic is an entity automicate to allocate information to and confirm that: I you are automicated to agn this LGA in obshalf of the Participating (clinic); at the Articipating clinic is an entity automicate to allocate information for clinical, using improvement and acknole entry law purposes, all of tenning datas munipily into the CII sweet by application, the Participating clinic will be application, the Participating clinic will be applicated in the advectional data and the tent their clinical, using improvement and acknole entry law purposes, all of tenting datas munipily into the CII sweet by application, the Participating clinic will start and their clients' non-historical immunization services to CIIs within 7 days of the respective vaccine administration dates, or if submitting data electronically to CIIs, the Participating clinic wast started their clients' non-historical immunization services to CIIs within 7 days of the respective vaccine administration dates, all the Participating clinic wast services into CIIs within 5 days of the transports of clinic siduses information to clis; it has participating clinic is responsible for the participating clinic advected and construct head three compares have their (or their child's) immunization information actual framo construct framework and agents) data uploady/downloads from wising electronic head three compares have when may be necessary for the clinic's participation in CIIs, and § the Participating clicic is responsible for nanying these all parsons or entities (including provides, staff, contractors and agents) who access information through CIIS are authorized to receive access to such information and will complicy with all applicable laws, regulations and CIIS policies in						
Us agrees to :) provide and maintain a secure and functional immunitation (regist). 2) provide anging technics use of the system, and 3) north the Farticipating (cities of any operating) incorrect information in (Citi Sattbuable to correct the information, if necessary. We also ask that the Farticipating Clinic perform regular quality assurance au ensure the control integrity of the system.	assistance and support to racilitate access to and o one of its patients so that it may promptly dits of information concerning its patients to					
To terminate your access to and participation in the OIS program, please email us at <u>COPHE OISSPERTE COUP</u> at leas date. Please note that COPHE will not delete any data sent to CIS by any Participating Clinic prior to a clinic's termin	st 30 days prior to your planned termination nation of participation.					
By: Participating Clinic Representative Printed Name	Date: 02/23/2018					
By: Participating Clinic Representative I agree to the above terms and conditions as set forth by the Public Health Agency.						
By: Heather Roth, MA Colorado Public Health Reporting (CoPHR) Program Manager	Date					
	August 2014					
SUBMIT PRINT CLOSE						





3. A box confirming that your LOA was submitted successfully will be displayed. Click Close.



4. Under Usage Agreements it will display that your site's LOA is in process. Once the LOA has been approved by the CIIS Program Manager the icon will change; displaying that it has been approved.



5. To view or print your approved CIIS Letter of Agreement click on the blue link.







### Completing the CIIS Administrator Form

1. Click on the CIIS Administrator Form link under the Usage Agreements Widget.



- 2. Review and complete the Colorado Immunization Information System (CIIS) Clinic Administrator Form.
  - a. Required question: The best way to contact you. Select phone or email.
  - b. Required question: Are you replacing the previous CIIS Administrator? Select yes or no.
  - c. Click on the box next to: I agree to the above terms and conditions as set forth by the Public Health Agency.
  - d. Click Submit.

COLORADO	IMMUNIZATION INFORMATION SYSTEM (CIIS) CLINIC ADMINISTRATOR FORM
Instructions: Please review and complete the infor be updated. If you have any questions, please cont	mation in the form below. Agree to the responsibilities and then click submit. Upon submission, your CliS profile wil tact the CliS Helpdesk at (303)-692-2437 or by email at <u>coophe clip®state.co.us</u> .
	Date: 02/23/2018
*Clinic Name	
*Clinic Street Address (include Suite #)	
*City, State and Zip Code	
*Clinic Phone Number	
*Clinic Fax Number	
*Clinic County	DENVER
Website Address (if applicable)	
CUS CLINIC ADMINISTRATOR INFORM	ATION Click here to add this information
*CIIS Clinic Administrator Name	
*Employee Type	
*Clinic Admin Direct Phone Number	
Clinic Admin Direct Fax Number	
*Clinic Admin Email Address	
Hours Available	
*What is the best way to contact you?   Phone  Arouse replacing the provider CIIC Clinic Administ	Email
*CIIS Clinic Administrator Responsibili	ties Agreement
I understand that by accepting the role of CIIS Clin	ic Administrator, I am:
<ul> <li>Required to approve the creation, deletion</li> </ul>	n or inactivation of any user accounts for my clinic
<ul> <li>The sole authority for account approval –</li> <li>The point of contact for account varification</li> </ul>	no account creation will occur without my approval and signature
<ul> <li>Responsible for ensuring that my staff:</li> </ul>	ina, spacent area a and poincy changes
<ul> <li>Comply with all applicable laws, n</li> <li>Access immunization information</li> </ul>	egulations and CIIS policies only to provide care to a patient or to perform quality assurance
<ul> <li>Treat all information in CIIS as con</li> </ul>	fidential
<ul> <li>Not release or re-disclose any info</li> </ul>	irmation in CIIS to any unauthorized person
<ul> <li>Receive training on the appropria</li> </ul>	te use of CIIS
<ul> <li>Responsible for notifying CIIS when staff n</li> </ul>	rembers no longer work at the clinic and require account inactivation within one week of staff members leaving th
<ul> <li>Responsible for notifying CIIS at least one Administrator.</li> </ul>	week in advance that I am no longer able to perform these tasks to allow for the transition to a new CIIS Clinic
* CIIS Clinic Administrator Signature	
I agree to the above terms and c	onditions as set forth by the Public Health Agency.
	PRINT





6. A box confirming that your CIIS Administrator Form was submitted successfully will be displayed. Click *Close*.

COLORADO IMMUNIZATION INFORMATION SYSTEM	A (CIIS) CLINIC A	DMINISTRATOR FORM was submitted successfully!
	CLOSE	

7. Under Usage Agreements it will display that your CIIS Administrator Form has been completed.







## Help Desk Widget

- 1. Click on the Help Desk link on the blue bar or on the Help Desk Widget.
- 2. Detailed instructions for using the *Help Desk* Widget are in a separate document that can be accessed by clicking on the Create Support Ticket link, under Guidance Documents, on the right.







Training Resources Widget

This section describes how to access training resources offered by CIIS.

### Accessing CIIS Training Resources

NOTE: The Training Calendar functionality within this widget is not utilized by CIIS.

1. Click on the *Training Resources* link on the blue bar or on the icon *in the Training Resources* Widget.



 The Training Resources widget provides links and information regarding CIIS Training Webinars (when available), CIIS Video Library, Job Aids, Quick Guides, and CIIS Online Training Courses. This page provides detailed descriptions on CIIS REQUIRED trainings and how to register for an online course.





### Users & Contacts Widget

This section describes how to setup staff who need user accounts within the CIIS Resource Center. In addition, users will have access to requesting an account for CIIS.

### Add New User

1.

Click on the Manage Users link on the blue bar or on the icon 2 in the Users & Contacts Widget to add a user (non-provider). Once opened, the widget displays information on each type of user. *NOTE: To add a provider, see the next section.* 

- Colorado Department of Public Health and Environment COLORADO Department of Public Department of Public Health & Environment Colorado Public Health Reporting (CoPHR) Main Immunization Reporting Syndromic Survelliance Reporting Electronic Lab Reporting Meaningful Use Colorado Immunization Information System (CIIS) CIIS Resource Center Last.Person Manage Users CIIS Help Desk Imm General Information - Interna Facility Information Electronic Health Record Information My Profile Additional CIIS Information Test Clinic Test Person DBA: EHR Product Phone: (000) 000 0000 Extn. 0 coloradoiis.com 12345 Road EHR Version Email: TP2@test.con Denver, CO 80222 DENVER Phone: (000) 000 0000 Extn. 0 CEHRT#: Resource Materials Facility Type: Hospital Facility NPI: Guidance Documents HL7 Test Tool - Groups IL7 Test Tool - EHR Vend Create Support Ticket Get Started . . . Click below to complete tasks to finish setting up your clinic's account Ľ. Administrator Forms Help Desk **Training Resources Usage Agreements** CIIS Policies Submit a Support Ticket View Training Calendar Complete & Submit required forms. View Ticket Status Submit New Clinic (LOA) **CIIS Notification Materials** Request CIIS User Account CIIS Administrator Form CIIS Notification Poster CIIS FAQ - English CIIS FAQ - Spanish CIIS FAQ - Arabic CIIS FAQ - Vietnamese 2 (HR) (DE) Users & Contacts Data Exchange Meaningful Use Add contacts and users that will need to Create the Data Exchange Profile for this Immunization clinic and begin HL7 Message Validation. have access to this site and the IIS. Reporting Primary Immunization Contact Opt-Out Forms Profile is not Complete. Register your Intent to submit ongoing submissions for MU. cus ⊘ Technical Contact for Data Exchange CIIS Opt-Out Form - Englisi CIIS Opt-Out Form - Spanis CIIS Opt-Out Form - Arabic CIIS Opt-Out Form - Vietnam 🛫 1 - Users Added Pre-Testing (HL7 MSG Validation) Download MU Report Card ⊘ Pre-Production Testing Add/Edit Immunization Providers 🐼 View Interface Project Rescind Opt-Out Form Ongoing Submissions
- a. Primary Contact Individuals that CIIS staff would contact for any issues concerning your site (i.e., CIIS implementation paperwork, CIIS record reconciliation, etc.).
   Note: Primary Contacts can add or edit users at any time.
- b. IIS Users- Individuals that do not fall into the category of Primary Contacts or Technical Contacts who will access CIIS and be general CIIS users.
- c. Technical Contacts Individuals that will be responsible for data exchange and data validation at your clinic.
- d. Other Contacts.





2. Click the Add New User at the bottom of the screen.

Main	Immunizatio	on Reporting	Cancer Reporting	Meaningful Use				
Colorado	Immunization I	information Syster	n (CIIS)					
CIIS	Resource	Center						
	Manage Us	ers Trainin	g Resources	Data Exchange Me	aningful Use CIIS	Help Desk	Tes Tes	t .Person
Facilit Test C DBA: 123 R Denv DENV Phone Facilit Facilit	ty Information Clinic Name load, er, CO 80222 'ER e: (111) 111 1 ty Type: Pediat ty NPI:	111 trics	Electronic He AllMeds Inc EHR Product: EHR Version: CEHRT#:	alth Record Information AllMeds HER 9	To add use that approp	ers click f priately f	the ta its th	ab eir
	Use	rs 🗼 Co	ntacts	L .			(	
	lanage Prima	ry Contacts	Manage IIS (	Jsers Manage	Technical Contacts	Manage Oth	er Contac	15
As th that woul recor clicki	e CIIS Adm need acces d contact f nciliation, e ng the app	ninistrator fo as to the CIIS for any issue atc.). As the propriate tab	or your practice Resource Cer s concerning y primary conta above.	e, you are respons iter. The primary o our site (i.e., impl ct for your site yo	ible for managing contact(s) are ind lementation pape u can add or reme	g contacts at ividuals that rwork quest ove users at	your si CDPHE ions, re any tim	te staff cord e by
Next	Steps:							
•	Identify e Set up ea New Use <b>Note: The</b> For immu direct the	employees a toch employe r online form e enrolling u unization: If em to the CI	t your site that e by clicking th n (an email wil <b>ser must prov</b> the new user i IS Training Cer	t will be primary of the <b>Add New User</b> If be sent to the er <b>ide the User PIN, I</b> s not a current CII iter for required to	ontacts. button below and mployee once the <b>listed in the emai</b> S User and will be raining(s).	l completing account is s I <b>, when enro</b> e requesting	the Ad setup). I <b>ling.</b> a CIIS Id	d ogon,
<b>28</b> F	Primary C	ontacts						
#	Re-Notify	Name	CIIS UserID	Email Address	Phone	User PIN	Edit	×
1		Test Person		TP1@test.com	(111) 111 1111	3FA39	Edit	×
				Add New User				

3. On the Add New CIIS User screen complete all fields, including selecting what type of user they will be (i.e., Main Contact/Site Admin, Technical Contact, or General User). Select if they are a VFC contact. Be sure to check the boxes for each public health reporting program that the contact is affiliated with. Click *Save*.

Note: All Fields with an \* notation are required fields.

Note: As you fill in information, more questions may display depending on your answers.





Department of Public Health & Environment

Add New CIIS User

First Name*	Last Nam	e*		
New	User			
Work Email*	Work Pho	one*		
Test@email.com	000	000	0000	Extn.
Is Main Contact/Site Admin	Is Technic	al Contac	t	

Work Email*	Work Phone*	CIIS UserID
Test@email.com	000 000 0000 Extn. 0	
Is Main Contact/Site Admin	Is Technical Contact	Is General User
×		
Is Data Validation Contact	Other User	
	✓	
Primary VFC Contact	Backup VFC Contact	
<ul> <li>Image: A start of the start of</li></ul>		
*Person is Contact for the followi	ng:	
CIIS (Immunizations)	Cancer) 🔲 Syndromic Surveillance 🔲 Electronic Labs	
*Is this person the Meaningful U	se Contact for Immunization Reporting?	Yes 🔍 No
*Is this person the Meaningful U	se Contact for Cancer Reporting?	Yes 🔍 No
	Save Cancel	

MI

NOTE: Not all Public Health reporting programs are applicable to a pharmacy.

4. A New User has been Successfully Added message is displayed to verify that the user has been setup correctly. The User will receive an email with information on completing their User Enrollment and the Primary Contact will receive a notification email. Click Close.



**COLORADO** Department of Public Health & Environment



# Colorado Department of Public Health and Environment Colorado Public Health Reporting (CoPHR)

Main	Immunization Reporting	Cancer Reporting	Meaningful Use
2	New	User has	been Successfully Added
User	New User has been s	successfully add	led/updated.
User.	You have been copied I have any questions, p	on the notifications on how on the notification lease contact the	n.
CIIS F Phon Toll F Fax: 3 Email	telp Desk e: 303-692-2437 (optic ree: 1-888-611-9918 (c 303-758-3640 l: cdphe.ciis@state.co.(	on 2) option 1) JS	
			Close

5. You will be directed back to the Users & Contacts screen and the new user will be listed under the user section at the bottom.

2	Serimary Contacts									
#	Re-Notify	Name	CIIS UserID	Email Address	Phone	User PIN	Edit	×		
1		New User		NU@test.com	(999) 999 9999	89AD9	Edit	×		
2	24	Test Person		TP1@test.com	(111) 111 1111	3FA39	Edit	×		
				Add New User						

6. Repeat these steps to add additional users to the CIIS Resource Center.

Once the User is added, they will receive the following email:



**COLORADO** Department of Public Health & Environment



### CIIS Enrollment Instructions for New User: New User3

You have successfully added a new user to the CIIS Resource Center. The following notification has been emailed to the user with instructions for how to enroll You have been successfully added to the CIIS Resource Center for the following site: NewTest 1234 Ave , Denver, CO, 80123 BACA Your user account is pending enrollment. You will need to go to the CIIS Resource Center at http://74.118.245.168/ <u>entUser.asp</u> to complete the enrollment process User Pin for [New User3] : A4DBF Invited By . Test Ladv Enrollment Instructions: 1. Click the link above in this email to access the User Enrollment page on the CIIS Resource Center. 2. Read the information on the page. 3. Click the Begin User Enrollment button at the bottom of the page 4. The following information will be asked for during the enrollment process: The name, address, and county of the site where you work, as included in this email. 0 · The User Pin included in this email. If you need assistance, please feel free to contact us.

7. Once the contact receives this email, they have the option to enter their code into the site when prompted and complete their enrollment. They will then have access to the CIIS Resource Center portal. This is optional for added providers who do not need access to the portal.

### Add/ Edit Immunization Providers

1. Click on the Add/Edit Immunization provider's link within the Users & Contacts widget.





2. To add a new provider, click on the Add Provider button.

olorado I	mmunization Infor										
IIS R		nation System	n (CIIS)								
	esource C	enter	(0.07)								
11.00	Manage Users	Training	g Resources	Data 6	Exchange	Meanin	gful Use	c	IIS Help Desk	<b>А</b> те	st.La
To all the	In farmables		Electronic He						Desfile		
NewTe	st		Advanced Me	aith R edical	Software	Systems LLC		Test	Profile		
DBA: S	ite		EHR Product:	Meds	Scribe	. oystems eeo		Pho	ne: (777) 777 777	77	
1234 A	we,		EHR Version:	1			Email: TYL@test.com				
Denver	r, CO 80123		CEHRT#:								
BACA											
Phone:	: (777) 777 7777										
Facility	(Type: Allergy an	d Asthma									
raciircy	NPL.										
Jana	ngo Provido	~									
vialia	ige Flovide	2									
urren	t Provider Li	t				Add Provid	er	Upload	Provider List	Cancel	

3. Complete all required fields and click *Continue*.

NOTE: Please provide one or both of the following: Medicaid or the prescribing provider's National Provider Identification (NPI).





4. To enter multiple new providers at once instead of one-by-one, click on Upload Provider List.

Main li	Solorado Public Health Reporting (COPHR)											
	mmuniz	atio	n Reporting	Cancer Repor	ting	Mea	ningful Use					
- Colorado Immunization Information Sustam (CIIS)												
CIIS Re	sour	ce	Center	ciii (ciio)								
	Manag	e Use	ers Trair	ning Resources		Data E	kchange	Meaning	ful Use	CIIS Help Desk	Tes	st.Lao
Facility I	Facility Information Electronic Health Record Information My Profile											
NewTest	NewTest Advanced Medic					edical S	oftware Syste	ems LLC		Test Lady		
DBA: Site	e			EHR Pro	duct	: MedS	cribe			Phone: (777) 777 7	7777	
1234 AV	e, CO 8011	23		CEHPT#	sion:	1				Email: TYL@test.co	om	
BACA CEHRI#:												
Phone: (777) 777 7777												
Facility Type: Allergy and Asthma												
Facility NPI:												
Manage Providers												
Current Provider List Add Provider List Cancel												
	Edit	#	Last Name	First Name	MI	Title	Special	ty	License No	Medicaid No	NPI No	EIN
Remove	cuit	1 M 1						-				

- 5. You can download the provided template, then follow the listed instructions for uploading the list.
- 6. Once the new providers have been added (either one-by-one or via upload), they will display under the Current Provider List. From here, providers can be removed or edited.

#### Manage Providers

Current Provider List						Add Provid	ler	Uplo	ad Provider List	Cancel		
Remove	Edit	#	Last Name	First Name	МІ	Title	Specialty	Licen	se No	Medicaid No	NPI No	EIN
×	Édit	1	Provider	New		MD	Family Planning		_			





### Data Exchange Widget

Instructions for using the Data Exchange widget can be found in a separate document by clicking on the appropriate HL7 Test Tool link under Guidance Documents on the right tab. You can access the Data Exchange profile and testing tool by clicking on Data Exchange in the blue header, or on the widget's icon.



The HL7 Test Tool guidance documents located on the right hand tab of the website under Guidance Documents, describe how provider staff or an EHR vendor can validate HL7 messages for a practice. This tool provides instantaneous, detailed error reporting information that is necessary to correct formatting/content issues without delay.



COLORADO Department of Public

Health & Environment



#### Immunization Registry Data Submission

Objective			
To be in active engagement with a public health age and in accordance with applicable law and practice.	ncy to submit electronic public hea	lth data from CEHRT exce	pt where prohibited
Measure			
To be in active engagement with a public health age	ncy to submit immunization data.		
Meaningful Use Report	:		
Colorado Immunization Information System		R	eport Date: 06/18/20
Health Care Provider:	Test Clinic		
Location:	12345 Road , Denver CO 80222		
Entity Type:			
Reporting Period:			
Registered Intent Date:	Not Registered	(	0
Invitation from PHA Date:	Not Invited	(	0
Invitation Response Date:	No Response	(	0
Initial Production Submission:	Not Submitting	(	0
MU Current Status:		(	0
Provider has not registered their intent to initia	te ongoing submission.		
	Г		
		Print Web Form	Print PDF

# My Account Widget

This widget is an additional place to Request a CIIS User Account (see steps in the *Help Desk* section above), as well as a place to edit any information in your account profile (same steps as in *Modifying My Profile* section below).







# Modifying My Profile

This section describes how to edit your contact information (Phone #, Secret Question/Answer, Email, and Employee Type) and change your password.

# Editing Your Information

1. Click on *My Profile* in the upper right corner of the screen.



2. The Edit Your Information sub-tab is automatically selected. Change any of the editable fields that need updating. Click *Save*.

Change Your Password       Edit Your Information         Username*       Password*         New.User       999       999         Secret Question*       Answer*       Email         What is your favorite cartoon character?       Mickey Mouse       New@test.com         Employee Type       Hours Available       Director	Your Profile			T
Username*         Password*         Phone #           New.User         999         999         9999         Extn.           Secret Question*         Answer*         Email           What is your favorite cartoon character?         Mickey Mouse         New@test.com           Employee Type         Hours Available         Director	Change Your Password	ormation		
New.User         999         999         999         Extn.           Secret Question*         Answer*         Email           What is your favorite cartoon character?         Mickey Mouse         New@test.com           Employee Type         Hours Available         Director	Username*	Password*	Phone #	
Secret Question*     Answer*     Email       What is your favorite cartoon character?     Mickey Mouse     New@test.com       Employee Type     Hours Available       Director	New.User	•••••	999 999 9999	Extn.
What is your favorite cartoon character?     Mickey Mouse     New@test.com       Employee Type     Hours Available       Director	Secret Question*	Answer*	Email	
Employee Type Hours Available Director	What is your favorite cartoon character?	Mickey Mouse	New@test.com	
Director V	Employee Type	Hours Available		
	Director 🔻			
	Save	e Cancel		

3. Click the *Cancel* button to return to the Main screen.





## Changing Your Password

1. Click on My Profile in the upper right corner of the screen.

Colo	orado Depart Diorado P	ment of F ublic H	Public He	alth and Environment Reporting (CoPHR)	COPPE	COLORADO Department of Public Health & Environment	My Profile   Logout
Main	Immunization Reporting	Cancer Reporting	Meaningful Use				

2. Select the Change Your Password sub-tab.

Your P	rofile	
Change Your Passv Your password MUST be 8	characters in length, include at least 1 let	tter, 1 number and 1 special character (for example #5%!@&).
Username*	Password*	Re-type Password*
Test .HIE	Save	Cancel

3. Enter a new password in the Password and Re-type Password fields.

Your P	Profile	E
Change Your Passy Your password MUST be 8	characters in length, include at least 1 letter, 1 nun	mber and 1 special character (for example #5%)@&).
Username*	Password*	Re-type Password*
Test .HIE	Save Ca	ancel

- 4. Click Save.
- 5. Click the *Cancel* button to return to the Main page screen.



Questions?



## **CIIS Help Desk**

Phone: 303-692-2437 option 2 Toll Free: 1-888-611-9918 option 1 Fax: 303-758-3640

Send us an email: Cdphe.ciis@state.co.us