UC RIVERSIDE

COVID-19 Vaccine Upload Process

University of California COVID-19 vaccine requirement: According to the "COVID-19 Vaccination Program" attachment within the UC Policy on Vaccination Programs, **all covered students, faculty, other academic appointees, and staff are required to get vaccinated against COVID or opt out.**

On June 27, 2024, the Centers for Disease Control and Prevention (CDC) updated its COVID-19 vaccine recommendation. It recommended that everyone 6 months and older receive an updated COVID-19 vaccination if it has been at least two months since your last COVID-19 vaccination to protect against potentially serious outcomes of COVID-19 illness this fall and winter. Additionally, on August 22, 2024, the Food and Drug Administration (FDA) approved and authorized the use of updated mRNA COVID-19 vaccines to target currently circulating variants.

Process through Enterprise Health for Faculty and Staff

COVID Vaccine Upload Process:

Starting on October 16, 2024, Staff and Faculty will have access to the Enterprise Health record system. Staff and Faculty can log into the portal via standard campus multifactor authentication (MFA). This secure system is isolated to only information provided by the employee and does not connect to other health records an employee may have at other healthcare locations.

Staff and Faculty will receive an automated email from noreply@enterprisehealth.com with the subject line: **REMINDER TO REVIEW NOTIFICATIONS**, instructing you to complete the vaccine reporting requirements through the Employee Medical Record (EMR) portal.

Reminder to Review Notifications

N   noreply@enterprisehealth.com
     To   ← Reply   ← Reply All   → Forward   ...
                                                          Wed 10/16/2024 4:54 AM

You don't often get email from noreply@enterprisehealth.com. Learn why this is important

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This message is sent from an un-monitored mailbox, therefore please do not reply to this message

Reminder to Review Notifications

TO:

You have activities available for you to take advantage of.

The following questionnaire(s) are due:

- UCR Influenza Vaccine Reporting - Due: 12-16-2024
- UCR COVID Vaccine Reporting - Due: 12-16-2024

Click here to visit the employee Portal to complete these activities.

If you have any additional questions regarding this notification, please contact Health Services.

We thank you for your cooperation.

(000) 000-0000

CONFIDENTIALITY NOTICE:
This E-mail and any attachments are confidential and may be protected by legal privilege. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of this E-mail or any attachment is prohibited. If you have received this E-mail in error, please notify us immediately by returning it to the sender and delete this copy from your system. Thank you.

Step 1: Login to the [Employee Medical Record Portal: Enterprise Health](#) using your UCR credentials. **Click** the "UC Riverside Employee Sign In" button.
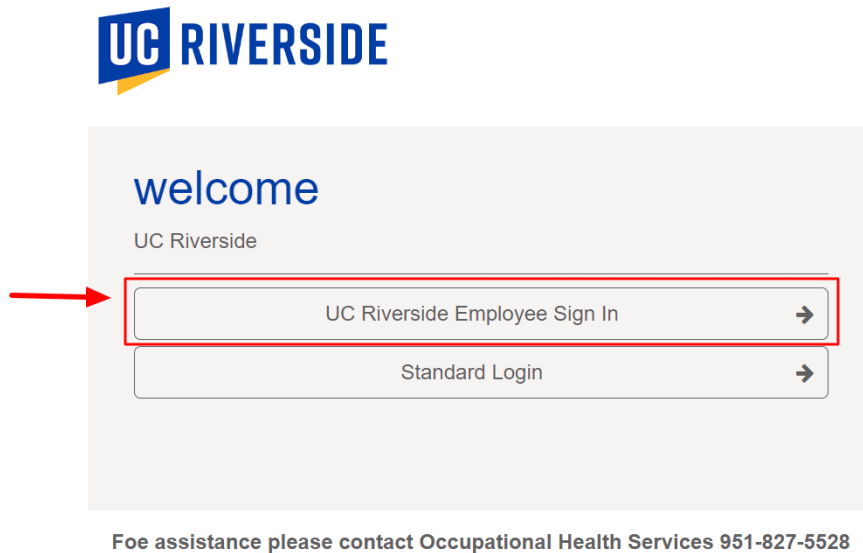
Step 2: First time users will be prompted to **Click** the *UC Riverside Portal Consent Form* button.
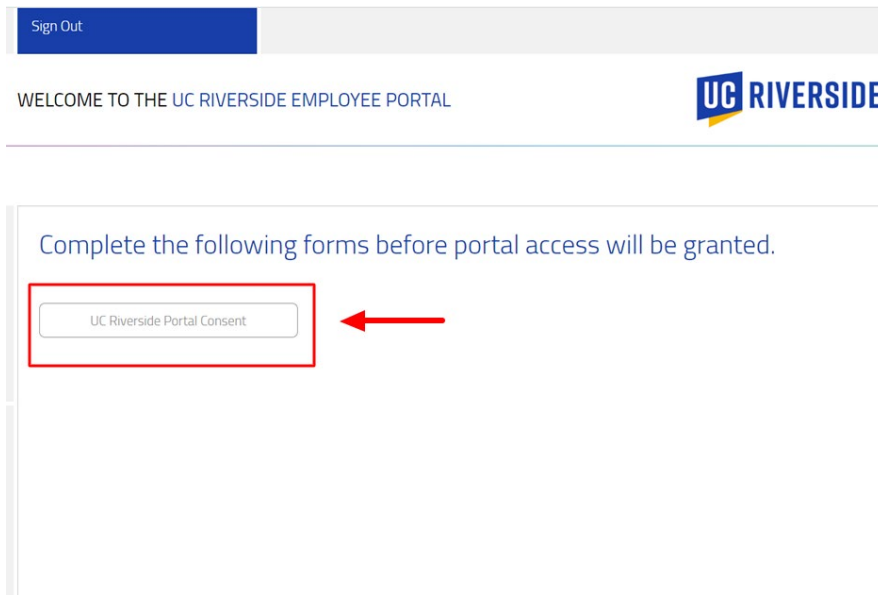
Step 3: Review the UC Riverside Portal Consent Form

- Acknowledge the Data Consent portion by typing in your legal name within the open field text box.
- Review the SMS Opt-In Agreement and make a selection.

- Review the Telehealth Consent portion and make a selection.
- Click the Submit button.

Sign Out

UC RIVERSIDE PORTAL CONSENT (1/1)

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Data Consent

You are about to access personal health information. This system should only be accessed by authorized users. By logging in and accessing this information, you acknowledge that you are doing so in accordance with the University of California, Riverside (UCR) policies and procedures. You agree you will only access or attempt to access that information necessary to perform your role. You also agree that you will treat this information as confidential and follow all UCR and UCR Health policies and procedures intended to protect the privacy of such confidential information. Access to this system is monitored and you will be held accountable for any an activity on your login. I agree to the terms above: *

Acknowledge - Please type your legal name in the box *

By providing your mobile phone number and opting in to receive SMS messages from UCR Occupational Health, you acknowledge and agree to the following terms: 1. Consent to Receive SMS Messages: You voluntarily provide your mobile phone number and give consent to receive SMS messages from UCR Occupational Health. These messages may include transactional information, updates, alerts, and other relevant communications. 2. Message and Data Rates: You understand and acknowledge that message and data rates may apply to any SMS messages sent or received. These charges may be imposed by your mobile service provider or carrier, and you are solely responsible for any such charges. 3. Opt-Out Option: At any time, you have the right to opt-out of receiving SMS messages from UCR Occupational Health. You can do so by replying to the SMS message with the word "STOP" or by contacting our customer support. 4. Privacy and Data Usage: UCR respects your privacy and will handle any personal information collected in accordance with applicable laws and regulations. We may collect and process your mobile phone number and other relevant data to send SMS messages and improve our services. 5. Frequency of Messages: You acknowledge that the frequency of SMS messages may vary depending on the nature of the communication and your interaction with UCR Occupational Health. 6. Updates and Modifications: UCR Occupational Health reserves the right to update or modify these terms at any time. You will be notified of any material changes, and continued use of the SMS messaging service after such changes will constitute your acceptance of the revised terms.

SMS Opt-In Agreement

Do you consent to opt-in to receive SMS messages? By agreeing, you confirm that you have read, understood, and agreed to all the terms outlined in this agreement. You may opt-out at any time by replying STOP via text message or by outing-out on the portal. *

| Yes	No

Telehealth Consent

The federal government has authorized covered healthcare providers to use popular video chat applications for telehealth services without the risk of penalties from OCR for noncompliance with HIPAA rules. This flexibility applies to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. However, it is important to note that these third-party applications may introduce potential privacy risks. Therefore, telehealth software utilized during any electronic visit should ensure that all available encryption and privacy settings are fully enabled when using such applications.

Do you consent to use your phone during an electronic visit with a healthcare provider, understanding that the conversation will be recorded for documentation and reimbursement? You will be required to receive SMS (text) messages to participate. Message and data rates may apply. *

Yes	No

* indicates required information

SUBMIT

Updated 10/16/2024

After clicking submit, the page will automatically redirect you to the home screen momentarily.
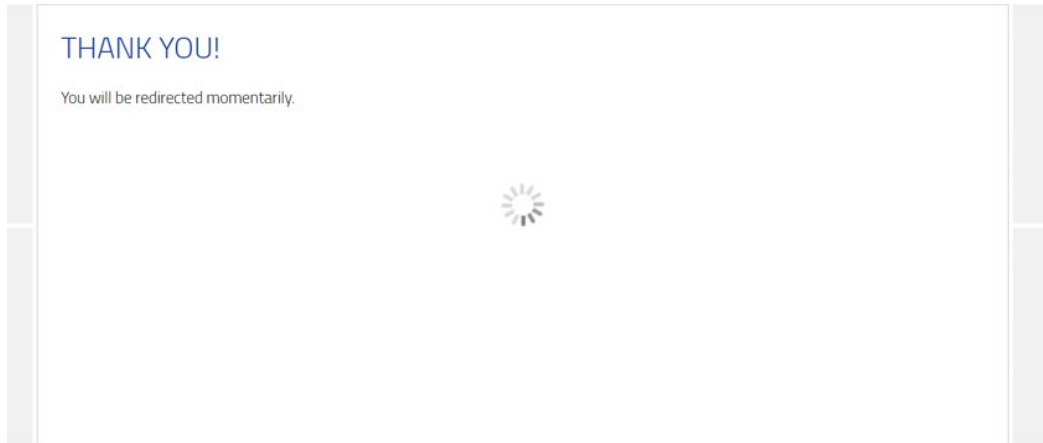
Step 4: Within the Home Screen, Click the "Message Center" button to open a questionnaire.
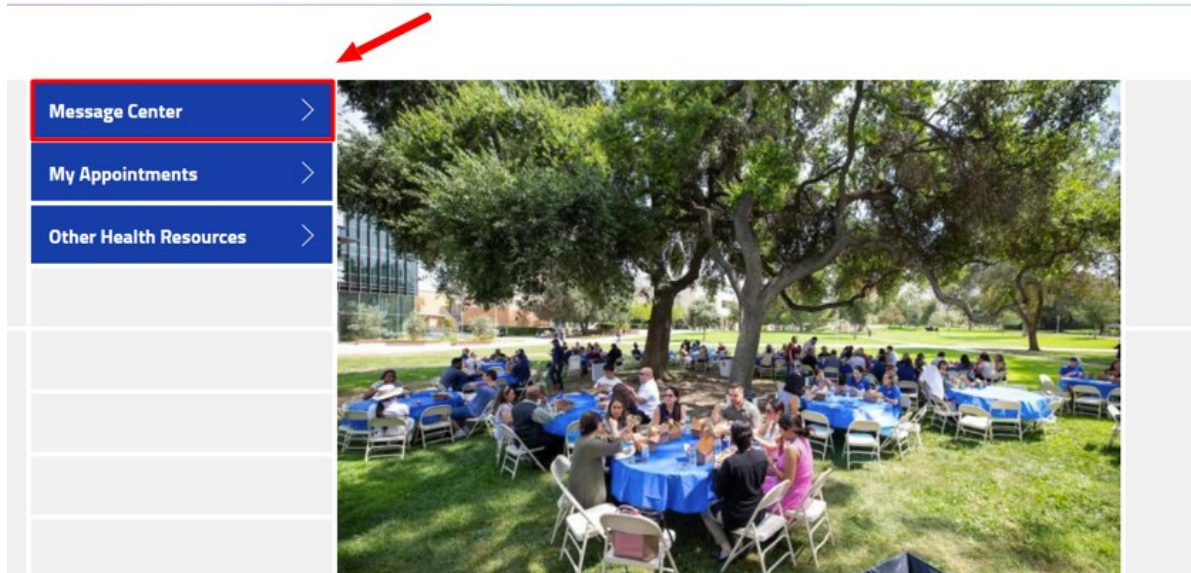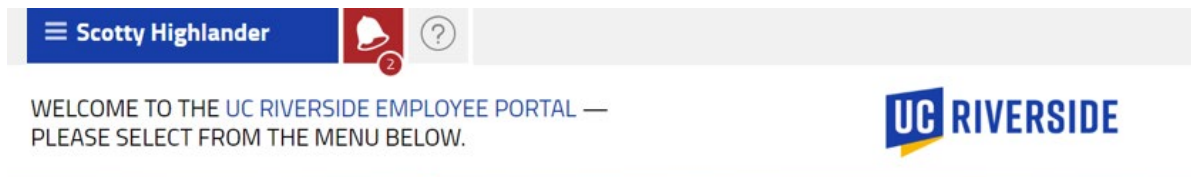
Step 5: Locate the "UCR COVID Vaccine Reporting is due" questionnaire and click the "Begin" button to open the questionnaire.

Step 6: Review and acknowledge the statement of facts pertaining to the COVID Vaccine. Click the "I acknowledge" radio button.

Step 7: Complete the vaccination status portion and click "I have been vaccinated".

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Step 8: Enter the date the vaccine was received. **Select** the vaccine dose type. **Click** the "Submit" button to record your vaccination.

Complete the information below:

Fully Vaccinated means the employer has documentation showing that the person received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

I acknowledge my current vaccination status: *

> [I have been vaccinated]
>
> [I decline the COVID-19 vaccine AND I agree to the declination statement above]

Date most recent vaccine was received? *

> [mm - dd - yyyy   📅]

Type of COVID Vaccine dose: *

- ( ) Pfizer
- ( ) Moderna
- ( ) Janssen (Johnson & Johnson)
- ( ) AstraZeneca/Oxford
- ( ) Sinopharm (Beijing Bio-Institute of Biological Products Co Ltd)
- ( ) Sinovac-CoronaVac
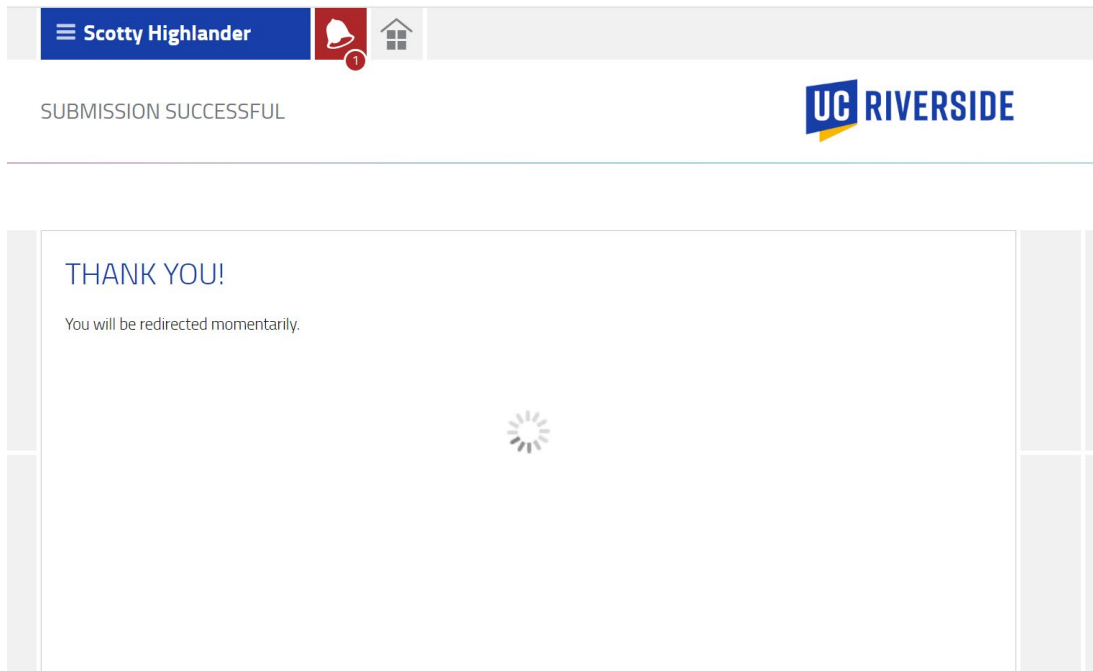- ( ) Serum Institute of India
- ( ) Other

Please upload a copy of your COVID Vaccine immunization from this season (PNG, PDF, or JPG file only).

- ( ) Upload

* indicates required information

[SUBMIT]

After clicking submit, the page will automatically refresh and redirect you to the portal Message Center.

Once the page is refreshed, you will see that the "UCR COVID Vaccine Reporting is completed" will state "completed". You are now compliant with the UC Vaccination Policy regarding the yearly COVID Program.
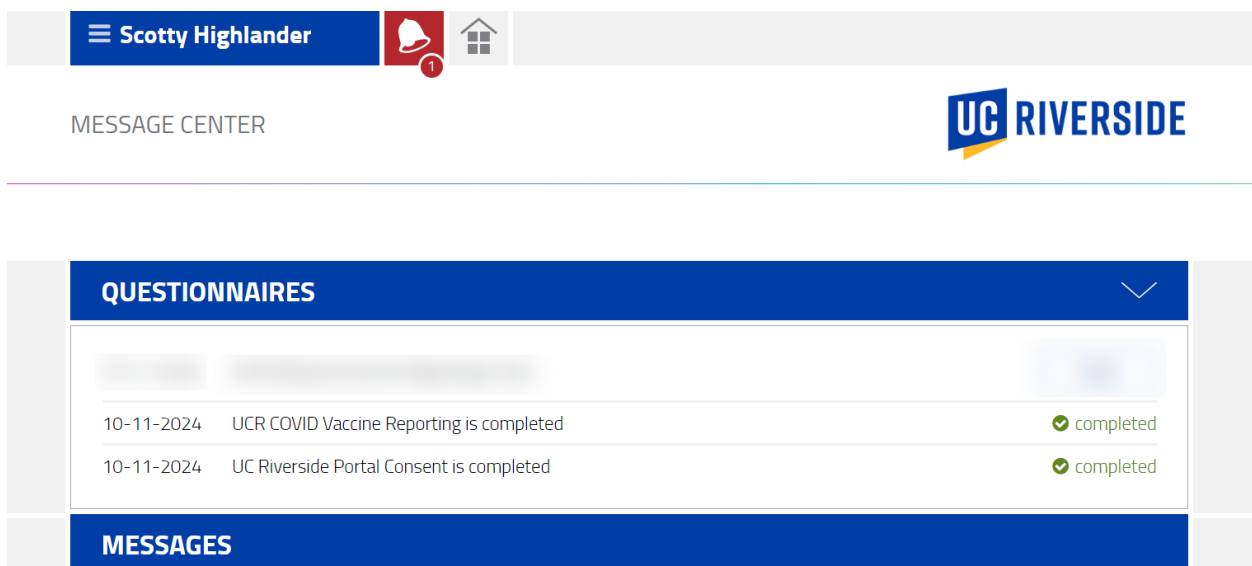
For any questions or concerns, please email COVID19@UCR.EDU

Updated 10/16/2024