

Impact Statewide Immunization Information System

Security Agreement

As a Physician or designated Authorized User (hereafter collectively referred to as the "User"), you are entering into a binding legal agreement with the Ohio Department of Health (ODH), IMPACT Statewide Immunization Information System (SIIS). This immunization registry serves as a communications link, data bank, and data retrieval system for health care providers.

- By logging on and utilizing the IMPACT SIIS you assume full responsibility for any use or dissemination of the confidential information contained therein. Any unauthorized use, release and/or disclosure of information may subject the violator(s) to administrative, criminal and civil punishment to the full extent of the law including, but not limited to local, state and federal statutes.
- The information contained in the IMPACT SIIS is the sole property of the State of Ohio and is intended for exclusive use by the medical and public health community. Any disclosure of information, obtained from the IMPACT SIIS, may take place only between medical providers for the purpose of direct medical care of the patient, as outlined in the Ohio Revised Code.
- A patient's, parent's and/or legal guardian's (a.k.a., "care giver") medical, demographic, and financial information including, but not limited to government assistance programs, and private insurance is strictly confidential and may only be used for the exclusive purpose of providing health care services to the patient as described in the Ohio Revised Code. **Under no circumstances may a Patient's demographic information obtained from the IMPACT SIIS be conveyed or disseminated.**

- **The User must inform each patient** or if the patient is a minor, the parent or legal guardian (hereafter collectively referred to as "Patient") that:

1. **immunization data will be entered into the IMPACT SIIS** (i.e., immunization information, relevant demographic information, adverse events following vaccination, and contraindications to vaccination), and
2. **pre-appointment reminder or missed appointment recall notifications may come from the ODH IMPACT SIIS or an affiliated public health organization** (e.g., a local immunization coalition) on behalf of the User (Practice), via automated Interactive Voice Response (IVR) telephone call, Facsimile, U.S. Mail or Electronic Mail. (Note: This is to ensure that the notification does not come as a surprise to the patient/parent/guardian.)

The Patient must be informed in a manner approved by the ODH. The currently approved means is a pamphlet entitled "How to know when your child's immunizations are due," which is available from the ODH at no charge. The means and medium for informing the Patient are subject to change at the sole discretion of the ODH. Any substitute or supplementary form of notification must be approved by the ODH in advance.

- The User must make all reasonable efforts to ensure that all immunization and demographic information is entered with accuracy, including any edits or amendments to existing records.
- Immunization data may be used for the purpose of research or assessment of immunization rates in aggregate form only with no personal identification information.
- The Ohio Department of Health is obligated to maintain User confidentiality. Any aggregate data analysis that identifies a specific provider shall only be shared between the ODH and that provider. Exceptions to this provision are the Health Employer Data and Information Set (HEDIS) analyses which may also be shared with the specific Health Care Plan identified on the report, or if disclosure is required by court order, in such case the ODH will notify the provider.
- When the User is not present at the computer or telephone interface, the IMPACT SIIS must be exited (i.e., the User must log off).
- This agreement is binding and a copy signed by the legally responsible Physician or Administrator at each practice or participating facility (hereafter referred to as the "Signatory") must be on file with the Ohio Department of Health.
- All parties designated as Authorized Users under the authority of the signatory must agree to and abide by this agreement. The signatory is responsible for the use or abuses of the IMPACT SIIS and the data therein as well as any violation of this agreement, by those granted such authorization.
- The Signatory will designate one (or a small number of) person(s) at the practice to have the highest security level of "Key Master." The Key Master is the liaison to the IMPACT SIIS staff and is responsible for:
 - Entering into the system the authorized users at the practice, establishing separate user names, passwords, and security level access for each.
 - Ensuring the authorized users all agree to, and abide by, the Security Agreement
 - After obtaining training following initial registration, teaching the system to newly authorized users
 - Entering into the system any separate clinic sites operated by the practice (if applicable)
 - Establishing the default settings for the practice in the system (these save time and keystrokes)
- The signatory and designated "Key Master" will insure that each individual user's log-in name and password is disclosed only to those authorized by the provider to assist in obtaining immunization data on Patients. If the provider finds that a breach of security has occurred the provider shall notify the ODH immediately. ODH will cancel any log-in name and password that has been breached and require the provider to establish a new log-in name and password for the user(s).

I have read, agree to and will abide by the terms of this Security Agreement. I also agree to ensure that all employees at the practice granted access to the IMPACT SIIS have read, agree to and will abide by the Security Agreement as well. If I do not, I may be subject to disciplinary action.

Physician/Administrator Signature: _____

Date: ____/____/____

Print Signatory's Name: _____

Return the original signed Security Agreement, a completed Registration Form, and a photocopy of the Signatory's Medical or Pharmacy Board License by mail only (a Facsimile is not a legal original) to: (**NOTE:** Retain a photocopy of this signed agreement for your files.)

Ohio Department of Health
Immunization Program, IMPACT SIIS
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