Impact Statewide Immunization Information System
Security Agreement
Practice Administration

The Ohio Department of Health (ODH), pursuant to section 3701.13 of the Revised Code, may take such actions as are necessary to encourage vaccination against those diseases specified in section 3313.671 of the Revised Code. As the Authorized Individual (hereinafter "AI") acting on behalf of the organization (hereinafter "Practice") indicated below, I am entering the Practice into a binding legal agreement with ODH to access the ODH Impact Statewide Immunization Information System (ImpactSIIS). This Agreement bearing an original signature must be returned to the address below and a copy kept at the Practice's administrative office.

The information contained in ImpactSIIS is the sole property of the State of Ohio and is intended for use by the medical and public health community. Any disclosure of ImpactSIIS information is only for the purpose of promoting or encouraging vaccination against vaccine-preventable childhood diseases and ensuring age- and risk- appropriate screening to help detect potential problems and helping to ensure follow-up treatment.

- The Practice agrees at all times to utilize best practices in safeguarding and maintaining the confidentiality of all patient data in ImpactSIIS, including, but not limited to, logging off when not present at the computer. **The Practice assumes full responsibility for any use or dissemination of the confidential information it obtains from ImpactSIIS.** Any use or dissemination of confidential information in violation of this Agreement may result in ODH, at its sole discretion, terminating all current and future access to ImpactSIIS and may subject the violator(s) to legal action.
- A patient's, parent's and/or legal guardian's (hereinafter collectively "Patient") 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 <u>demographic or financial</u> information on ImpactSIIS be copied, conveyed or disseminated unless the practice receives the Patient's consent.**
- By signing this Agreement the Practice and its employees who are granted access to ImpactSIIS agree to and are hereby bound by section 3701.17 of the Revised Code governing protected health information.
- **The Practice must inform each Patient that**:
  1. **immunization data will be entered into ImpactSIIS** (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 ODH, ImpactSIIS or an affiliated public health organization** (e.g., a local immunization coalition) on behalf of the User (Practice), via automated Interactive Voice Response telephone call, Facsimile, U.S. Mail or Electronic Mail.
  3. **screening data will be entered into ImpactSIIS to help ensure age- and risk-appropriate screening to help detect potential problems and helping to ensure follow-up treatment.**
- The Patient must be informed in a manner approved by ODH. The current approved means is a pamphlet entitled "A Link to Better Health", which is available from ODH at no charge. The means and medium for informing the Patient are subject to change at the sole discretion of ODH. Any substitute or supplementary form of notification must be approved by ODH in advance.
- The Practice will make all reasonable efforts to ensure that all immunization, screening and demographic information is entered with accuracy, including any edits or amendments to existing records.
- The AI must designate at least one employee to be the "Key Master". The Key Master coordinates and manages the Practice's utilization of ImpactSIIS, including restricting access and training employees to use ImpactSIIS as directed by ODH.
- The Key Master will insure that each log-in name and password is assigned to and disclosed to only one employee. If the AI or a Key Master finds a breach of security, the AI or Key Master shall notify ODH immediately.

I have read and understand the terms of this *<u>Security Agreement</u>*. By signing below, I assert that I am authorized to bind the Practice. I also agree to ensure that all persons granted access to ImpactSIIS have read, agree to and will abide by this *<u>Security Agreement</u>*.

Signature: _____ Date: ____/____/____

Print Signatory's Name: _____

Signatory's Title: _____

Practice Name: _____

Address: _____

_____

_____, OH __ __ __ __ __

Please mail an original copy to:
Ohio Department of Health
Immunization Program, IMPACTSIIS
246 North High Street
P.O. Box 118
Columbus, OH 43266-0118

Telephone Number: (__ __ __) __ __ __ - __ __ __ __ Email Address: _____@_____

Designated Key Master: _____ Email Address: _____@_____

(NOTE: Retain a copy of this signed agreement in the Practice's administrative files.)