

Impact Statewide Immunization Information System

Security Agreement

School 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 Superintendent/Administrator (hereinafter "Signatory") of a public or non-public school or schools or school district (hereinafter "School") indicated below, I am entering the School into a binding legal agreement with ODH to access the ODH Impact Statewide Immunization Information System (Impact SIIS). A signed copy of this Agreement must be returned to the address listed below and a copy kept at the District's administrative office.

- The information contained in the Impact SIIS is the sole property of the State of Ohio and is intended for use by the medical and public health community. Any disclosure of Impact SIIS information is only for the purpose of promoting or encouraging vaccination against vaccine-preventable childhood diseases.
- The School agrees at all times to utilize best practices in safeguarding and maintaining the confidentiality of all patient data in the Impact SIIS. The School assumes full responsibility for any use or dissemination of the confidential information it obtains from the Impact SIIS. Any use or dissemination of confidential information in violation of this Agreement may result in the ODH, at its sole discretion, terminating all current and future access to the Impact SIIS 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 demographic and financial information on the Impact SIIS be copied, conveyed or disseminated.**
- Only persons with a current Nursing license from the Ohio Board of Nursing, employed by or under contract with the School for the purpose of providing nursing services (hereinafter "Nurse") may have access to and retrieve patient data from the Impact SIIS. Access to the Impact SIIS may **NOT** be delegated by the School or Nurse to a non-Nurse employee or contractor either through individual login privileges or by sharing login information.
- The School and its Nurse(s) will limit use of the Impact SIIS to assisting only students enrolled at the School to become fully immunized and to furnish immunization records to the School to comply with section 3313.671 of the Revised Code.
- By signing this Agreement the School and its Nurse(s) granted access to the Impact SIIS agree to and are hereby bound by section 3701.17 of the Revised Code governing protected health information.
- The Signatory must designate a primary and backup Nurse to be "School Key Masters." The School Key Master coordinates and manages the District's utilization of the Impact SIIS. A fact sheet of School Key Master Roles and Responsibilities is attached.
- The School Key Master will insure that each log-in name and password is assigned to and disclosed to only one Nurse. If the School or a Key Master finds a breach of security, the Signatory or Key Master shall notify ODH immediately. ODH will cancel any compromised log-in name and password and may, at its sole discretion, require the School Key Master to establish a new log-in name and password for the affected Nurse(s).
- At the start of employment and/or before the start of each school year, each Nurse must sign a copy of the attached School Nurse Agreement include documentation of current nursing license and convey it to the School Key Master before a login password for that Nurse is created in the Impact SIIS. Copies of the signed School Nurse Agreement(s)/current licensure must be maintained at the School administrative office(s). Login passwords will expire at the end of each school year and may not be recreated for a Nurse until a new School Nurse Agreement has been signed and conveyed to the School.

I have read, agree to and will abide by the terms of this Security Agreement. I also agree to ensure that all persons granted access to the Impact SIIS have read, agree to and will abide by this Security Agreement.

Signature: _____

Date: ____/____/____

Print Signatory's Name: _____

Signatory's Title: _____

District/Diocese/School: _____

IRN: _____

Address: _____

 _____, OH _____

Telephone Number: (____) _____ - _____

Email Address: _____@_____

Please mail or fax to:
Ohio Department of Health
School & Adolescent Health
School Nursing Program
246 N. High Street
Columbus, Ohio 43215
Fax #614-644-9850

(NOTE: Retain a copy of this signed agreement in the School District's / Private School's administrative files.)

**Impact Statewide Immunization Information System
Security Agreement
School Nurse**

As a nurse currently licensed by the Ohio Board of Nursing and employed by or under contract with the public or nonpublic school or schools or school district (hereinafter "School") indicated below for the purpose of providing nursing services (hereinafter "Nurse"), I am entering into a binding legal agreement with the Ohio Department of Health (ODH) to access the ODH immunization registry, called the Impact Statewide Immunization Information System (Impact SIIS). A signed copy of this Agreement must be given to the School's School Key Master (see attached School Key Master fact sheet).

- By signing this Agreement: 1) I agree at all times to utilize best practices in safeguarding and maintaining the confidentiality of all patient data in the Impact SIIS; and 2) I agree to and am hereby bound by section 3701.17 of the Ohio Revised Code governing protected health information.
- The information contained in the Impact SIIS is the sole property of the State of Ohio and is intended for use by the medical and public health community. Any disclosure of Impact SIIS information is only for the purpose of promoting or encouraging vaccination against vaccine-preventable childhood diseases, as outlined in section 3701.13 of the Ohio Revised Code.
- By logging on and utilizing the Impact SIIS I assume full responsibility for any use or dissemination of the confidential information contained therein. Any use or dissemination of confidential information in violation of this Agreement may result in the ODH, at its sole discretion, terminating all current and future access to the Impact SIIS 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 demographic and financial information on the Impact SIIS be copied, conveyed or disseminated.**
- Access to the Impact SIIS may **NOT** be delegated by the School or Nurse to a non-Nurse employee or contractor either through individual login privileges or by sharing login information.
- If the Signatory finds a breach of security, the Signatory shall notify the School Key Master and ODH immediately (see attached School Key Master Roles and Responsibilities fact sheet). ODH will cancel any compromised log-in name and password and may, at its sole discretion, require the Signatory to establish a new log-in name and password for the Nurse(s).
- Login passwords will expire at the end of each school year and may not be recreated for a Nurse until a new copy of this School Nurse Agreement has been signed and conveyed to the School Key Master. Copies of the signed School Nurse Agreement(s)/documentation of current nurse license must be maintained at the School administrative office(s).
- Documentation of a current Ohio Nursing License must be attached to this Agreement. Documentation consists of a printout of the license details from the: <https://license.ohio.gov/lookup/> internet site.

I have read, agree to and will abide by the terms of this Security Agreement. I also agree to ensure that all persons granted access to the Impact SIIS have read, agree to and will abide by this Security Agreement.

Signature: _____ Date: ____/____/____

Print Signatory's Name: _____

District/Diocese/School: _____

Address: _____

_____, OH _____

Telephone Number: (_____) _____ - _____

Email Address: _____@_____

(NOTE: Retain a copy of this signed agreement in the School District's / Private School's administrative files.)

Impact Statewide Immunization Information System Security Agreement

School Key Master Roles and Responsibilities

One or two nurses will be designated as “School Key Masters” by each school district or nonpublic school.

- Only **ONE** School Key Master agreement needs to be sent to ODH and only one(Contact) will be granted by ODH.
- The School Key Master coordinates and manages the utilization of the Impact SIIS for the school district or nonpublic school.
- Acts as the School’s liaison to the Ohio Department of Health (ODH) School Nursing staff (at 614-728-0386; 614-644-0205 or 614- 466-1930).
- At the start of each school year, authenticates that other Nurses in the district/school have a newly signed Nurse Security Agreement with attached documentation of current licensure. Documentation consists of a printout of the license details from the: <https://license.ohio.gov/lookup/> internet site.
- Maintains the signed copies of all the Nurse Security Agreements at the district/school administrative office(s).
- For authenticated Nurses, creates a separate login name, initial password, and sets the security level access for each. All passwords will expire at the end of each school year. Prior to the next school year, after re-authenticating other Nurses in the district/school as described above, the School Key Master will enter new passwords for each. (See Authentication of School Key Masters below.)
- After obtaining initial training, the School Key Master(s) will teach newly authorized Nurses how to use the system and its rules.
- Marking Nurses separated from the School as inactive thereby revoking their login.
- Notifying the ODH when the sole remaining School Key Master is separating from the School.

Authentication of School Key Masters

- At the start of each school year, Ohio Department of Health staff will authenticate the School Key Master and issue a new password. The School Key Master will submit an original newly signed copy of the Nurse Security Agreement and documentation of her/his current Nursing license as described above to:
Ohio Department of Health
School & Adolescent Health
School Nursing Program
246 N. High Street
Columbus, OH 43215
Fax# 614-644-9850
- A duplicate original copy of the School Key Master’s signed agreement and documentation of a current license must be maintained at the School’s administrative office as well.