

Impact Statewide Immunization Information System Security Agreement

Individual User

As an employee (hereinafter "User") of the organization (hereinafter "Practice") indicated below, I am entering into a binding legal agreement with the Ohio Department of Health (ODH) to access ODH immunization registry, called the Impact Statewide Immunization Information System (ImpactSIIS). This Agreement must be electronically signed when I am first given login credentials for ImpactSIIS and reaffirmed annually.

- 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 ImpactSIIS; 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 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, as outlined in section 3701.13 of the Ohio Revised Code, and ensuring age- and risk- appropriate screening to help detect potential problems and helping to ensure follow-up treatment.
- By logging on and utilizing ImpactSIIS 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 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 demographic and financial information on ImpactSIIS be copied, conveyed or disseminated unless the practice receives the Patient's consent.**
- Access to ImpactSIIS may not be delegated by the User to anyone who has not signed this agreement and/or whose access will not track or encourage vaccination against vaccine-preventable childhood diseases, either through individual login privileges or by sharing login information.
- If the User finds a breach of security, the User shall notify the Practice Key Master (see Key Master Roles and Responsibilities below) and ODH immediately.
- **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 User 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.

Key Master Roles and Responsibilities

- 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.
 - Establishing the default settings for the practice in the system (these save time and keystrokes).
 - Notifying ODH when the sole remaining Key Master is separating from the Practice.

Key Master Designation: In signing this, I agree to fulfill the roles and responsibilities of Key Master described above.

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 ImpactSIIS have read, agree to and will abide by this Security Agreement.

Signature: _____

Date: ____/____/____

Print Signatory's Name: _____

Practice Name: _____

Telephone Number:(____) ____ - _____

Address: _____

Email Address: _____

_____, OH _____

_____@_____

Please mail an original copy to:
Ohio Department of Health
Bureau of Child & Family Health Services
Hearing and Vision Screening Program
246 North High Street
Columbus, OH 43215