

**Impact Statewide Immunization Information System
Security Agreement
School/Head Start 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. The School/Head Start Administration as listed below (hereinafter "School/Head Start ") certifies that it is a public or non-public school or Head Start or school district and is entering the School/Head Start 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 screenings and vaccination against vaccine-preventable childhood diseases.
- The School/Head Start agrees at all times to utilize best practices in safeguarding and maintaining the confidentiality of all patient data in the Impact SIIS. The School/Head Start 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/Head Start 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/Head Start or Nurse to a non-Nurse employee or contractor either through individual login privileges or by sharing login information.
- The School/Head Start must inform each Patient that demographic, immunization and screening data may be entered into the Impact SIIS to help ensure full immunization and age and risk appropriate screenings to help detect potential problems and helping to ensure follow-up treatment.
- The School/Head Start and its Nurse(s) will limit use of the Impact SIIS to assisting only students enrolled at the School/Head Start to become screened and fully immunized and to furnish immunization records to the School/Head Start to comply with section 3313.671 of the Revised Code.
- By signing this Agreement the School/Head Start and its Nurse(s) are 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 School/Head Start must designate a primary and backup Nurse to be "Key Masters." The Key Master coordinates and manages the District's utilization of the Impact SIIS. A fact sheet of Key Master Roles and Responsibilities is attached.
- The Key Master will insure that each log-in name and password is assigned to and disclosed to only one Nurse. If the School/Head Start or a Key Master finds a breach of security, the School/Head Start 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 Key Master to establish a new log-in name and password for the affected Nurse(s).
- At the start of employment and annually thereafter, each Nurse must log-in and sign a copy of the electronic School/Head Start Nurse Agreement. Copies of the signed electronic School/Head Start Nurse Agreement(s) will be maintained on the Impact SIIS. Registration will expire at the end of a twelve month period and will not be renewed for a Nurse until the electronic copy of this School/Head Start Nurse Agreement has been signed.

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 Authorized Representative's Name and title: _____

District/Diocese/School/Head Start: _____ IRN: _____

Address: _____, OH _____

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

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

Please fax or mail to: **Ohio Department of Health School & Adolescent Health School Nursing Program 246 N. High Street Columbus, Ohio 43215 Fax# 614-564-2503**

**Impact Statewide Immunization Information System
Security Agreement
Nurse in School/Head Start**

As a nurse currently licensed by the Ohio Board of Nursing and employed by or under contract with the public or nonpublic School or Head Start or school district (hereinafter "School/Head Start") 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). This Agreement must be electronically signed when I am first given login credentials for Impact SIIS and reaffirmed annually.

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).

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 screenings and promoting 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/Head Start or Nurse to a non-Nurse employee or contractor** either through individual login privileges or by sharing login information.
- The School/Head Start must inform each Patient that demographic, immunization and screening data may be entered into the Impact SIIS to help ensure full immunization and age and risk appropriate screenings to help detect potential problems and helping to ensure follow-up treatment.
- If the School/Head Start finds a breach of security, the School/Head Start shall notify the Key Master and ODH immediately (see attached 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).
- Registration in the Impact SIIS will expire at the end of a twelve month period and will not be renewed for a Nurse until a new electronic copy of this School/Head Start Nurse Agreement has been signed.
- Initial documentation of a current Ohio Nursing License for Key Masters must be maintained by ODH Nursing, and with the Key Masters for additional users at a school or Head Start or in a school district.

I have read, agree to and will abide by the terms of this Security Agreement.

Signature: _____ Date: ____/____/____

Print Signatory's Name: _____

Ohio Nursing License Number: _____ Expiration Date: ____/____/____

District/Diocese/School/Head Start: _____ IRN: _____

Address: _____
_____, OH _____

Telephone Number: (____) _____ - _____

Email Address: _____@_____

Please fax or mail to:
**Ohio Department of Health
School & Adolescent Health
School Nursing Program
246 N. High Street
Columbus, Ohio 43215
Fax# 614-564-2503**

Impact Statewide Immunization Information System Security Agreement

Key Master Roles and Responsibilities

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

- Only **ONE** Key Master agreement needs to be sent to ODH and only one (Contact) will be granted by ODH.
- The Key Master coordinates and manages the utilization of the Impact SIIS for the School/Head Start district or nonpublic school.
- Acts as the School/Head Start’s liaison to the Ohio Department of Health (ODH) Impact SIIS staff (at 614-644-0205, 614-644-8248, or 614-466-1930).
- The Key Master authenticates other Nurses in the district/School/Head Start and maintains documentation that their licenses are current. Documentation consists of a printout of the license details from the <https://license.ohio.gov/lookup/> Internet site with a current “Verification Performed” date.
- Maintains the signed copies of all the Nurse Security Agreements at the district/School/Head Start administrative office(s).
- For authenticated Nurses, creates a separate login name, initial password, and sets the security level access for each. Annually, each Nurse will be required to log in to the Impact SIIS, verify current licensure status and sign the electronic Security Agreement.
- After obtaining initial training, the Key Master(s) will teach newly authorized Nurses how to use the system and its rules.
- Marking Nurses separated from the School/Head Start as inactive thereby revoking their login.
- Notifying the ODH when the sole remaining Key Master is separating from the School/Head Start.

Authentication of School/Head Start Key Masters

- When a public or nonpublic School or Head Start or school district (hereinafter “School/Head Start”) initially requests access to the Impact SIIS, Ohio Department of Health staff will authenticate the Key Master. The Key Master will mail or fax 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# 614-564-2503
- In addition, the Key Master will mail or fax an original newly signed copy of the School/Head Start Administration Security Agreement to the above address with the Nurse Security agreement and license documentation.
- A duplicate original copy of the Key Master’s signed agreement and documentation of a current license must be maintained at the School/Head Start’s administrative office as well.
- Thereafter, the Key Master will sign the electronic Security Agreement annually.