

**NEW YORK STATE DEPARTMENT OF HEALTH
NEW YORK STATE IMMUNIZATION INFORMATION SYSTEM**

NYSIIS USER AGREEMENT

Part 1: Purpose

This agreement represents a commitment by the authorized user to abide by the terms of Public Health Law, Title 6, Article 2168, and the provisions of 10 NYCRR (New York Code of Rules and Regulations), Section 66-1.2 (to be adopted) related to the New York State Immunization Information System (NYSIIS).

This agreement details the responsibilities of the authorized user with regard to:

1. Enrolling and Participating in NYSIIS
2. Confidentiality
3. Authorized Uses of Data

1. Enrolling and Participating in NYSIIS

In order to access NYSIIS, every user must also have a valid account on the New York State Department of Health's (NYSDOH) Health Commerce System (HCS). This account requires a signed and notarized *Security and Use Policy* and the terms of this policy continue to apply to users of NYSIIS.

All health care providers and their authorized users agree to:

- A. Submit to NYSIIS, in an electronic format, information related to administration of vaccines to persons from birth up to 19 years of age.
- B. Report information within 14 days of administration of such vaccine.
- C. Submit, at a minimum, all required data elements, as indicated with an asterisk (*) in the application.
- D. Report available information on past immunizations, if not already reported by another provider.
- E. Provide individuals 19 years and over with the opportunity to consent to participation in NYSIIS.
- F. Enroll new patients, if not already in NYSIIS, at their first immunization encounter and provide the parent/guardian with NYSIIS educational materials.
- G. Provide NYSIIS generated records to parents/guardians upon request and without cost.
- H. Notify NYSDOH within seven (7) days of an authorized user no longer needing NYSIIS access, for whatever reason, so that the user's access can be terminated in NYSIIS.

2. Confidentiality

All authorized users of NYSIIS agree to:

- A. Handle all information and documents obtained through NYSIIS in a confidential manner similar to handling any other confidential medical information.
- B. Understand that all transactions are logged and may be subject to audit.
- C. Access information only on individuals for whom health care services are provided, or as otherwise defined in Statute.
- D. Carefully safeguard access privileges and passwords,
- E. Properly exit NYSIIS when the Authorized User is not present at the computer (i.e., the User must log off).
- F. Promptly report any threat or violation of NYSIIS confidentiality or security.

All authorized users of NYSIIS agree *not* to:

- A. Permit other persons to access NYSIIS by using another person's Health Commerce System (HCS) login and password.
- B. Enter inaccurate data intentionally, or falsify data currently in NYSIIS.
- C. Copy all or part of the database for unauthorized use.
- D. Remove from a job site or copy any document or computer record containing confidential information unless specifically authorized to do so and if required in the course of official duties.
- E. Discriminate, threaten, or take any adverse actions with respect to a person to whom confidential information pertains.

3. Authorized Use of Data

Authorized use of NYSIIS data is restricted based on the level of access which an organization is permitted.

- A. State, City and Local health department users are authorized to use the immunization registry for purposes of outreach, quality improvement and vaccine accountability, research, epidemiological studies and disease control.
- B. Health care providers and their authorized users have access to the data for purposes of submission of information about vaccinations received by a specific registrant; determination of the immunization status of a specific registrant; review of practice coverage; generation of reminder notices; quality improvement and vaccine accountability; and printing a copy of the immunization record for the patient's medical record, for the patient, for the patient's parent or guardian, or other person in parental or custodial relation to a patient.
- C. Schools and their authorized users have view-only access to the data for purposes of verifying eligibility for admission.
- D. Health insurance plans and their authorized users have view-only access to the data for purposes of performing quality assurance, accountability and outreach relating to enrollees covered by the health insurance plan.
- E. Commissioners of local social services districts and their authorized users have access to the data with regard to a child in his/her legal custody.

- F. The Commissioner of the Office of Children and Family Services and his/her authorized users have access to the data with regard to children in his/her legal custody, and for purposes of quality assurance and accountability and care and treatment of children in the custody of commissioners of local social services districts.

Part 2: Signature

I have read, agree and will abide by the terms of this User Agreement. I understand this information and I agree with all of the provisions listed. Further, I understand that any violations of these provisions will result in termination of access privileges.

All authorized users of NYSIIS must complete the following information:

Applicant Information:

Last Name, First Name:
Title:
Signature:
HPN or HIN ID:

Organization Information:

Organization/Practice Name:	
Address:	
Street	
City/State	Zip Code
County	
Telephone # () _____ - _____	

Note: This form must remain on file at the User's organization and readily available upon request.