Read Only With Consent

imMTrax User Role Training

Montana Department of Health and Human Services

Public Health and Safety Division

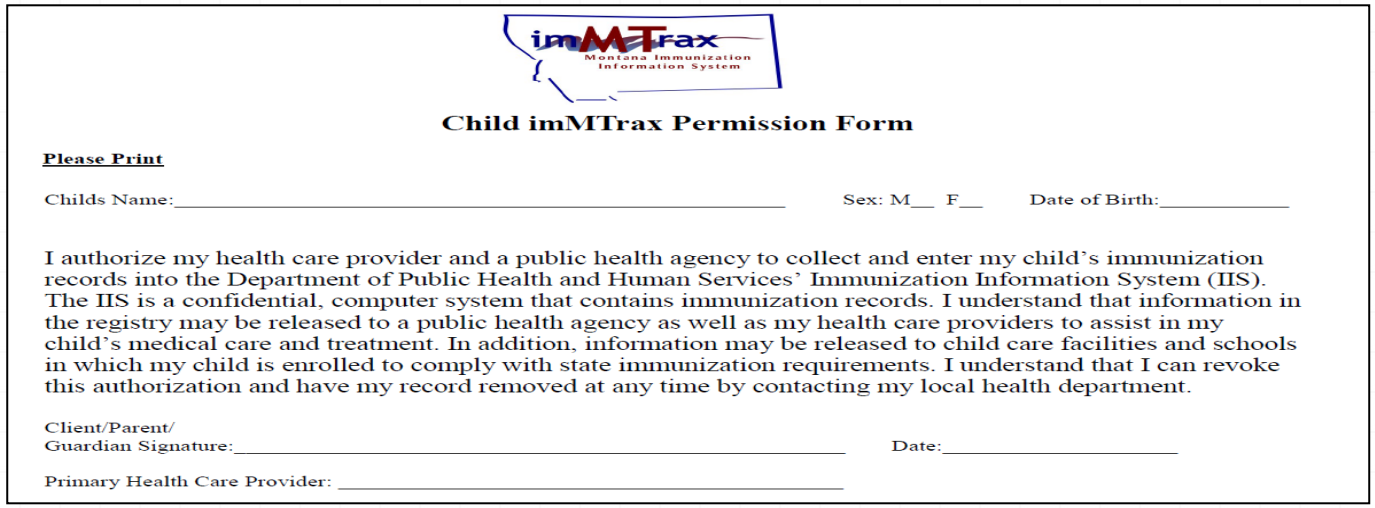
Last Update 06/03/2014

imMTrax and Client Consent

Montana has a voluntary inclusion or "opt-in" policy requiring client consent for *imMTrax* participation. Consent may be obtained verbally or in writing.

Changing client consent without authorization is in violation of HIPAA and state confidentiality laws.

When obtaining consent from a client, DPHHS recommends using the language in the IIS consent form available on the Immunization Program's *imMTrax* website www.immtrax.mt.gov.



imMTrax
Montana Immunization Information System

Child imMTrax Permission Form

Please Print

Childs Name:_____ Sex: M__ F__ Date of Birth:_____

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Client/Parent/
Guardian Signature:_____ Date:_____

Primary Health Care Provider: _____

imMTrax Homepage,

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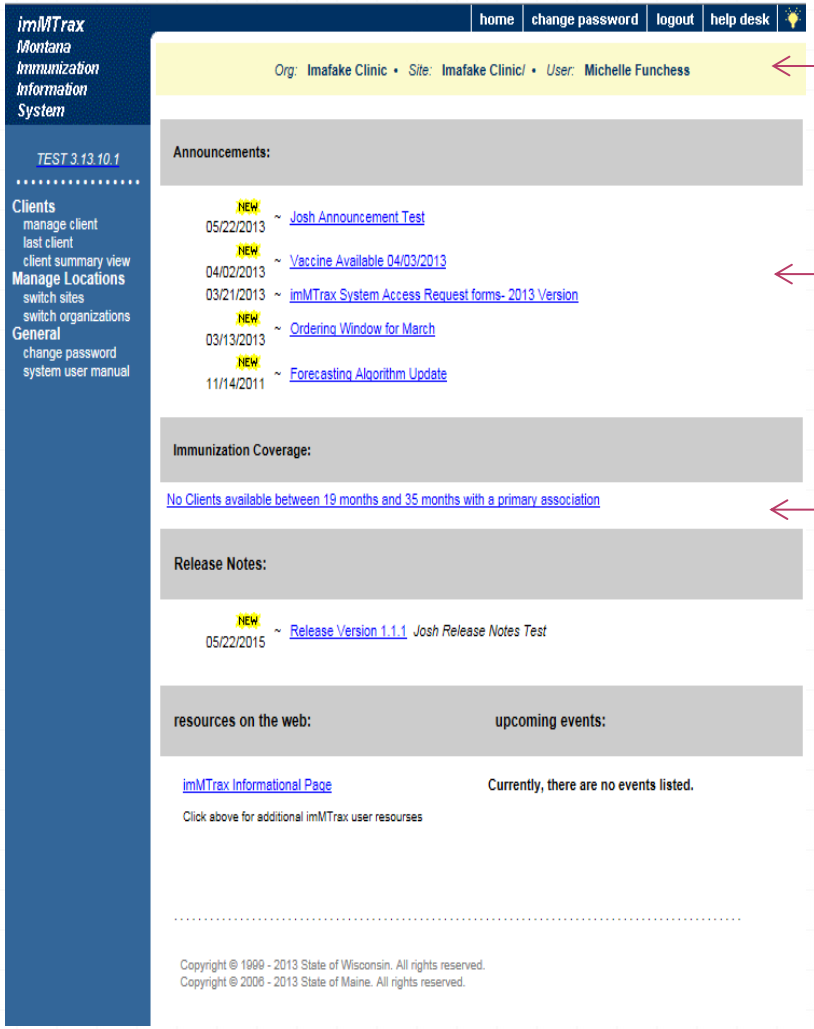


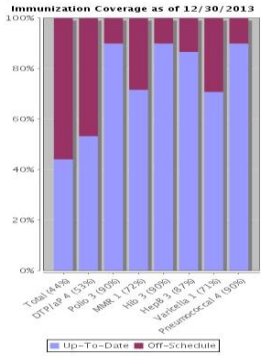
Organization, Site and User

Available Functions

Switch Site or Organization
for users with more than one location assigned. Example: Clinic-West and Clinic-East

Announcements
review with each imMTrax login

Immunization Coverage
if applicable, users may see a graph populated in this section



Link to imMTrax Information Page

Accessible Features,

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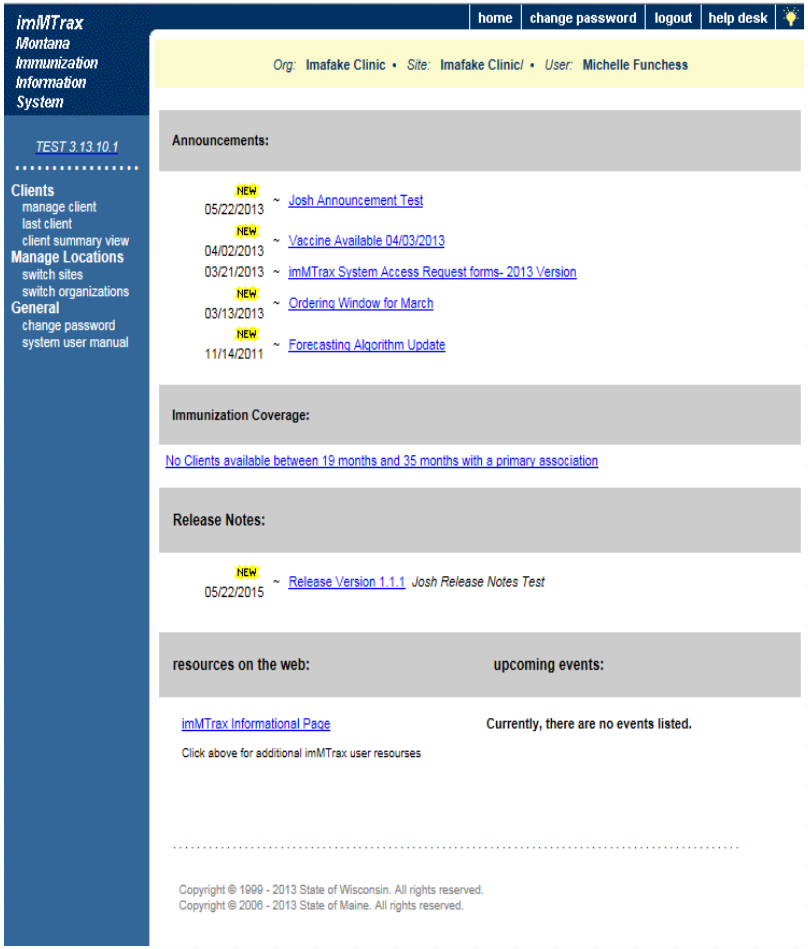
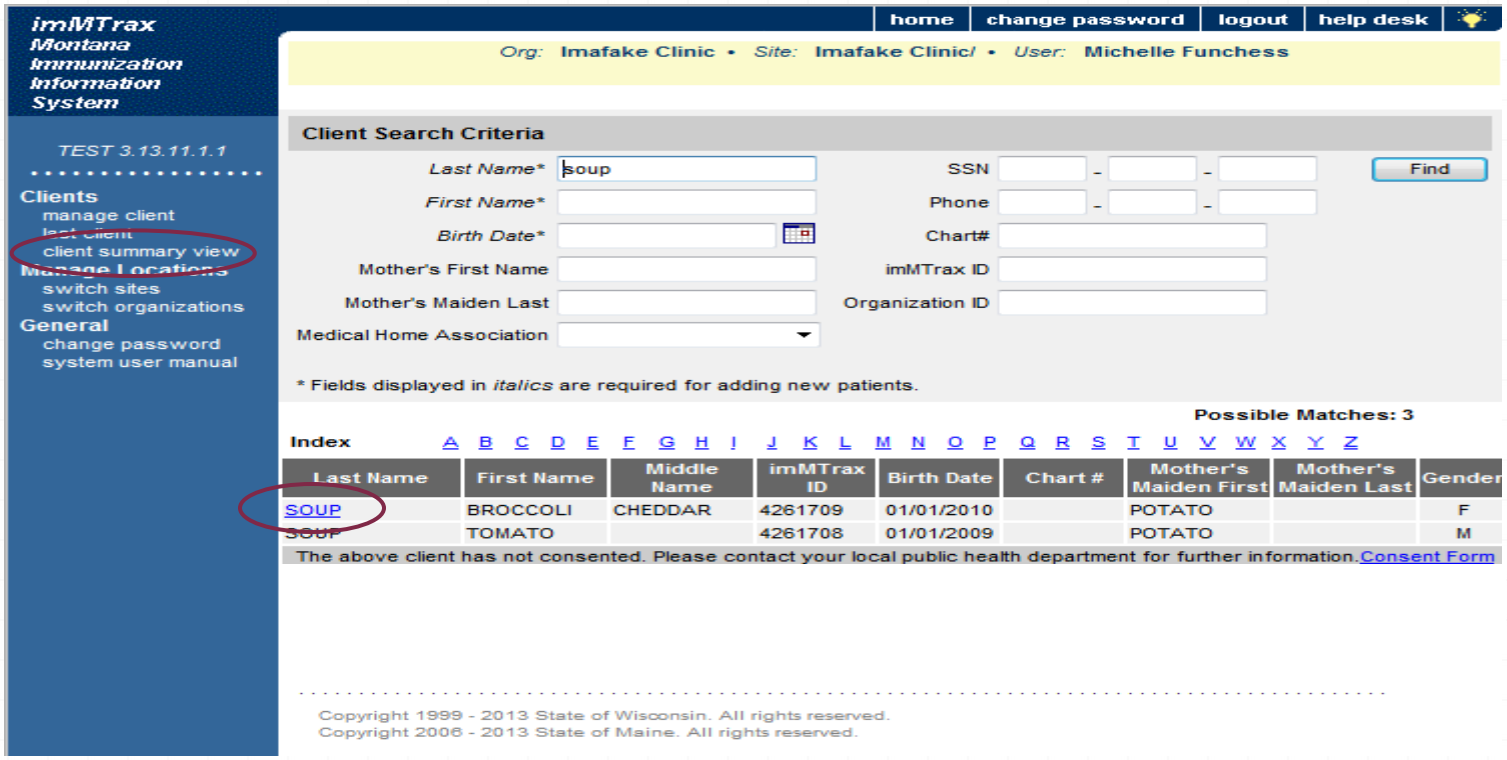
- View client immunization records
  - *client summary view*
  - *manage client*
- Print client immunization records and reports
- Document client consent



Read Only access roles do not include the ability to enter or edit immunization information.

Client Summary View,

Read Only With Consent

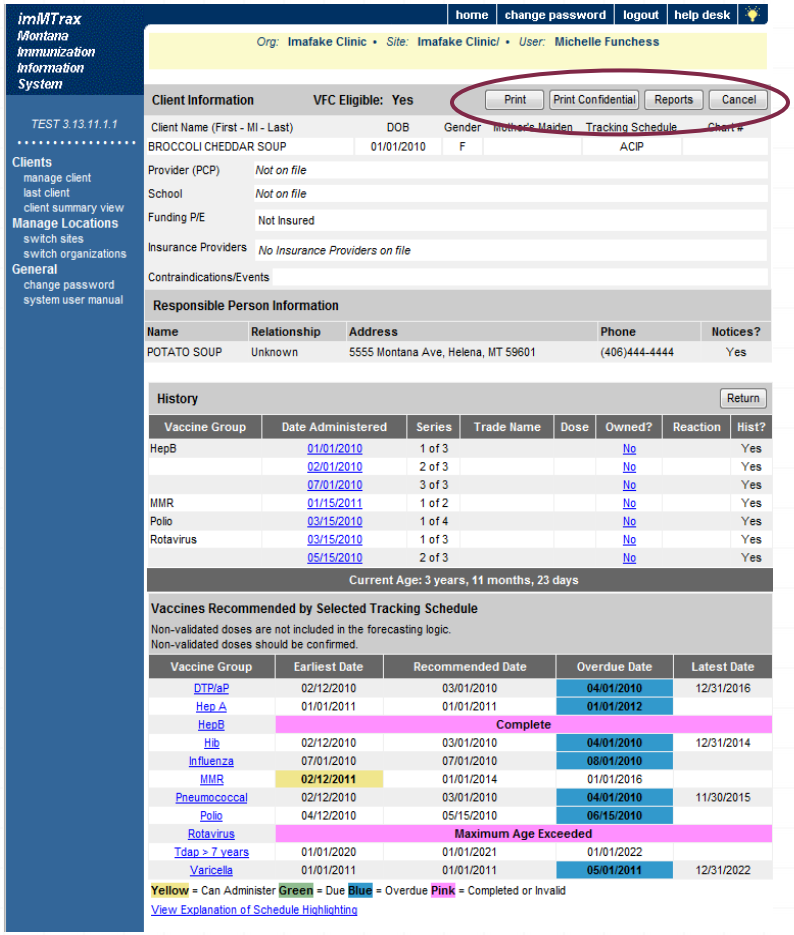


Most clients in imMTrax have consent documented. Under *client summary view*, select the client's last name to proceed onto viewing and printing immunization reports.

Clients without documented consent are not available for viewing until consent has been obtained.

Client Summary View,

Read Only With Consent



immTrax
Montana Immunization Information System

home | change password | logout | help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

TEST 3.13.11.1.1

Clients
manage client
last client
client summary view
Manage Locations
switch sites
switch organizations
General
change password
system user manual

Client Information VFC Eligible: Yes

Print | Print Confidential | Reports | Cancel

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
BROCCOLI CHEDDAR SOUP	01/01/2010	F		ACIP	

Provider (PCP)	*Not on file*
School	*Not on file*
Funding P/E	Not Insured
Insurance Providers	*No Insurance Providers on file*
Contraindications/Events	

Responsible Person Information

Name	Relationship	Address	Phone	Notices?
POTATO SOUP	Unknown	5555 Montana Ave, Helena, MT 59601	(406)444-4444	Yes

History Return

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
HepB	01/01/2010	1 of 3			No		Yes
	02/01/2010	2 of 3			No		Yes
	07/01/2010	3 of 3			No		Yes
MMR	01/15/2011	1 of 2			No		Yes
Polio	03/15/2010	1 of 4			No		Yes
Rotavirus	03/15/2010	1 of 3			No		Yes
	05/15/2010	2 of 3			No		Yes

Current Age: 3 years, 11 months, 23 days

Vaccines Recommended by Selected Tracking Schedule

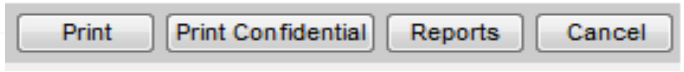
Non-validated doses are not included in the forecasting logic.
Non-validated doses should be confirmed.

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTP/aP	02/12/2010	03/01/2010	04/01/2010	12/31/2016
Hep A	01/01/2011	01/01/2011	01/01/2012	
HepB	Complete			
Hib	02/12/2010	03/01/2010	04/01/2010	12/31/2014
Influenza	07/01/2010	07/01/2010	08/01/2010	
MMR	02/12/2011	01/01/2014	01/01/2016	
Pneumococcal	02/12/2010	03/01/2010	04/01/2010	11/30/2015
Polio	04/12/2010	05/15/2010	06/15/2010	
Rotavirus	Maximum Age Exceeded			
Tdap > 7 years	01/01/2020	01/01/2021	01/01/2022	
Varicella	01/01/2011	01/01/2011	05/01/2011	12/31/2022

Yellow = Can Administer Green = Due Blue = Overdue Pink = Completed or Invalid

View Explanation of Schedule Highlighting

Print directly from *summary view*
-or-
Proceed to *Reports* for more options



Vaccination History

Vaccines Recommended

Reports,

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imMTrax
Montana Immunization Information System

home | change password | logout | help desk

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TEST 3.13.11.1.1

Clients
- manage client
- last client
- client summary view

Manage Locations
- switch sites
- switch organizations

General
- change password
- system user manual

Client Information — VFC Eligible: Yes

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
BROCCOLI CHEDDAR SOUP	01/01/2010	F		ACIP	

Address: 5555 Montana Ave, Helena, MT 59601 (406)444-4444

Reports Available for this Client

Report	Description	Additional Information
Vaccine Administration	Displays demographics, contact information, immunization history, as well as immunizations available.	Site* ; Language* ENGLISH
Complete Immunization	Displays demographics, registry data, contact information, as well as detailed immunization history.	None
Immunizations Needed	Displays demographics, contact information, immunization history, as well as immunizations needed.	None
School Entry Form	Displays Form HES-101, the School/Child Care Certificate of Immunization.	None

Cancel

Report Viewing Requirements

Get Acrobat Reader

Registry reports are *best viewed* with Adobe Acrobat Reader 5.0 or later. Earlier versions of Adobe may work, but there will probably be formatting differences. If you do not have a qualifying version, click the Adobe image to the left to download the current version of Acrobat Reader. In addition, you may find helpful guidelines at the Adobe Support Site for configuring Acrobat Reader to work with your browser. Configuration guidelines for the Internet Explorer browser may be found at http://www.adobe.com/support/techdocs/331025.html, while the guidelines for the Netscape Browser may be found at http://www.adobe.com/support/techdocs/328635.html.

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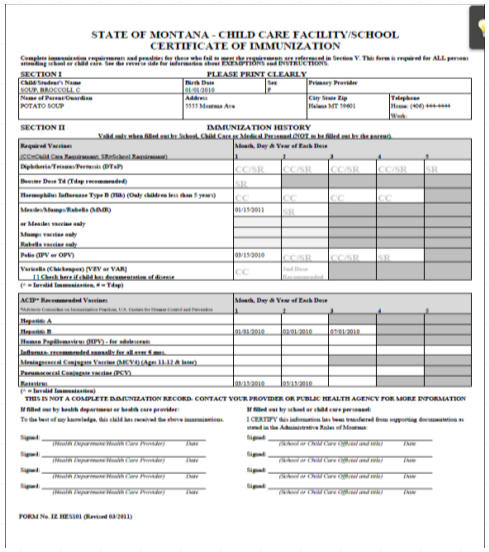
Choose and select a report to view or print



STATE OF MONTANA - CHILD CARE FACILITY/SCHOOL
CERTIFICATE OF IMMUNIZATION

SECTION I — PLEASE PRINT CLEARLY

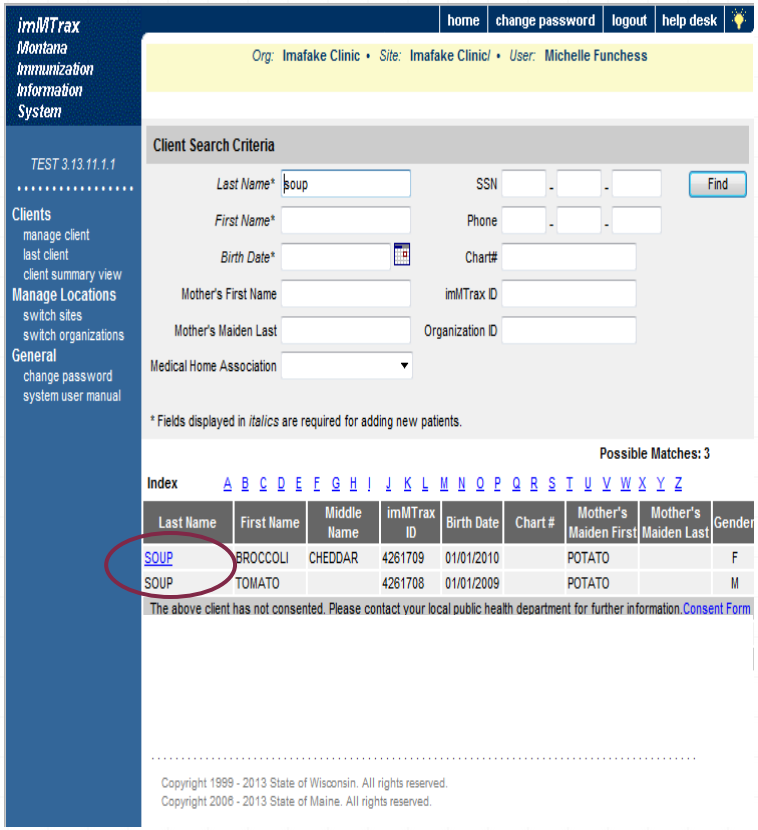
SECTION II — IMMUNIZATION HISTORY

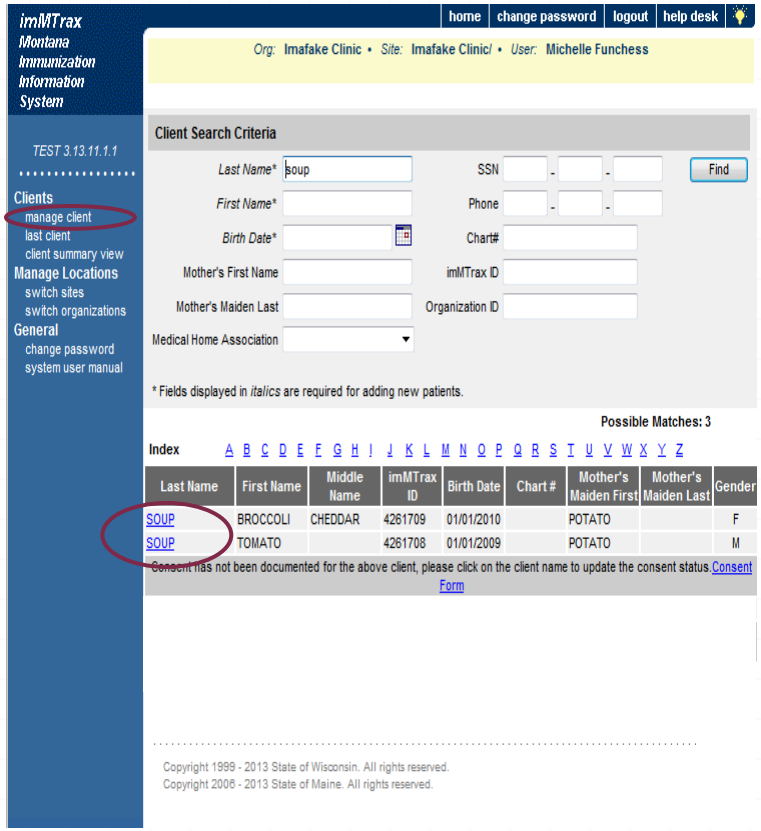
Sample School Entry Form

Manage Client,

Read Only With Consent

Client Summary View → Manage Client

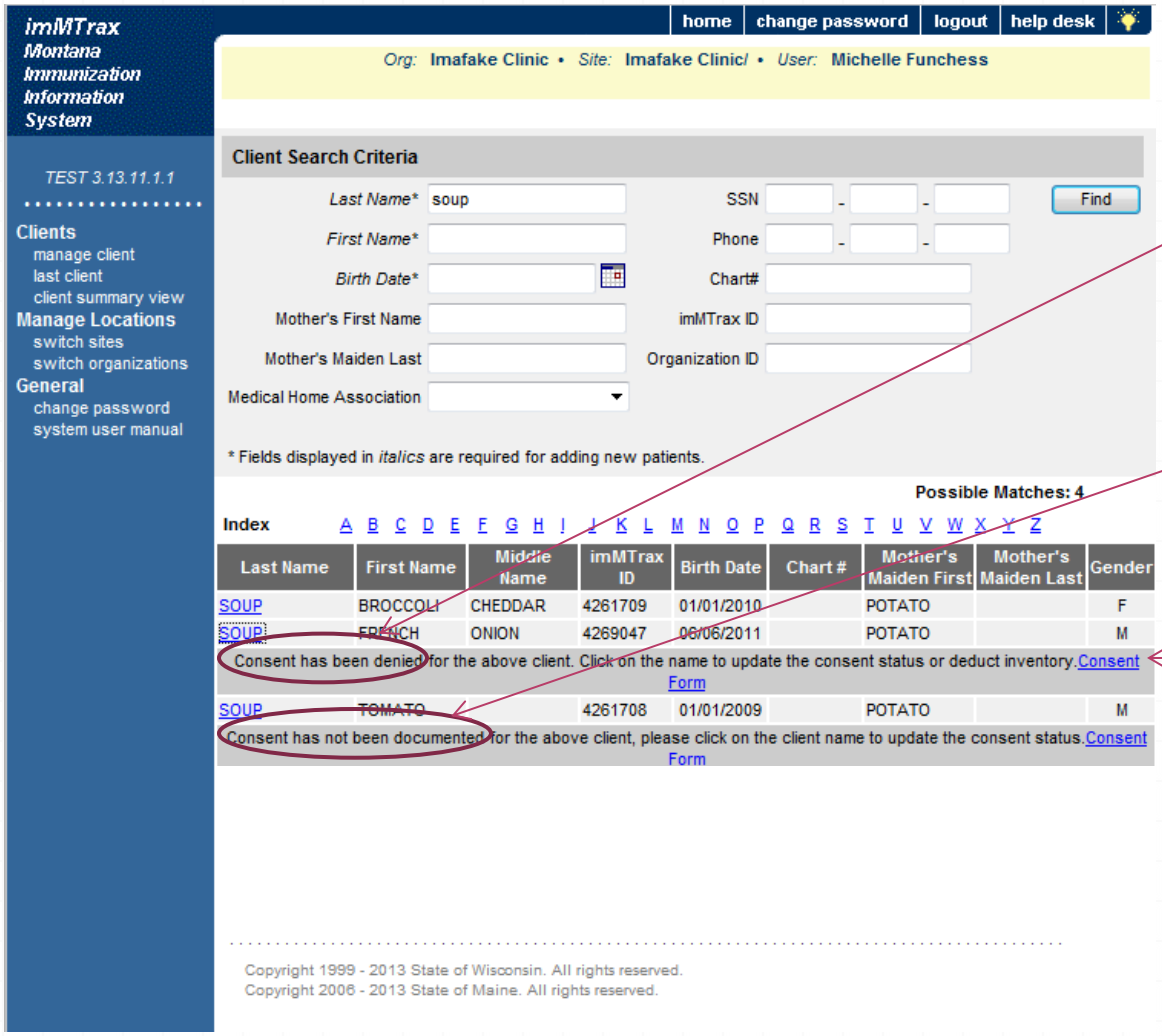




Consent must be documented in imMTrax before the record is available. Once consent is obtained, the client's consent status must be changed using the *manage client* option.

Manage Client,

Read Only With Consent



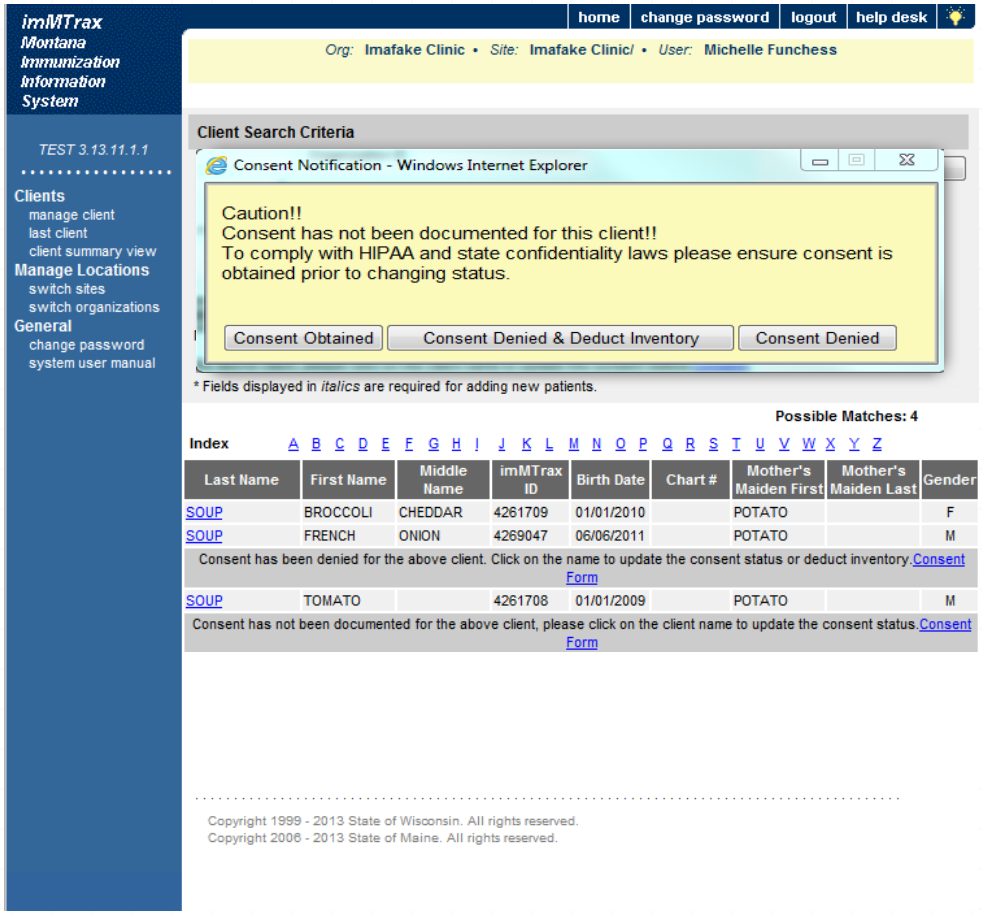
Consent denied

Consent not documented

Link to Consent Forms (available at https://immtrax.mt.gov)

Manage Client,

Read Only With Consent



Consent Not Documented

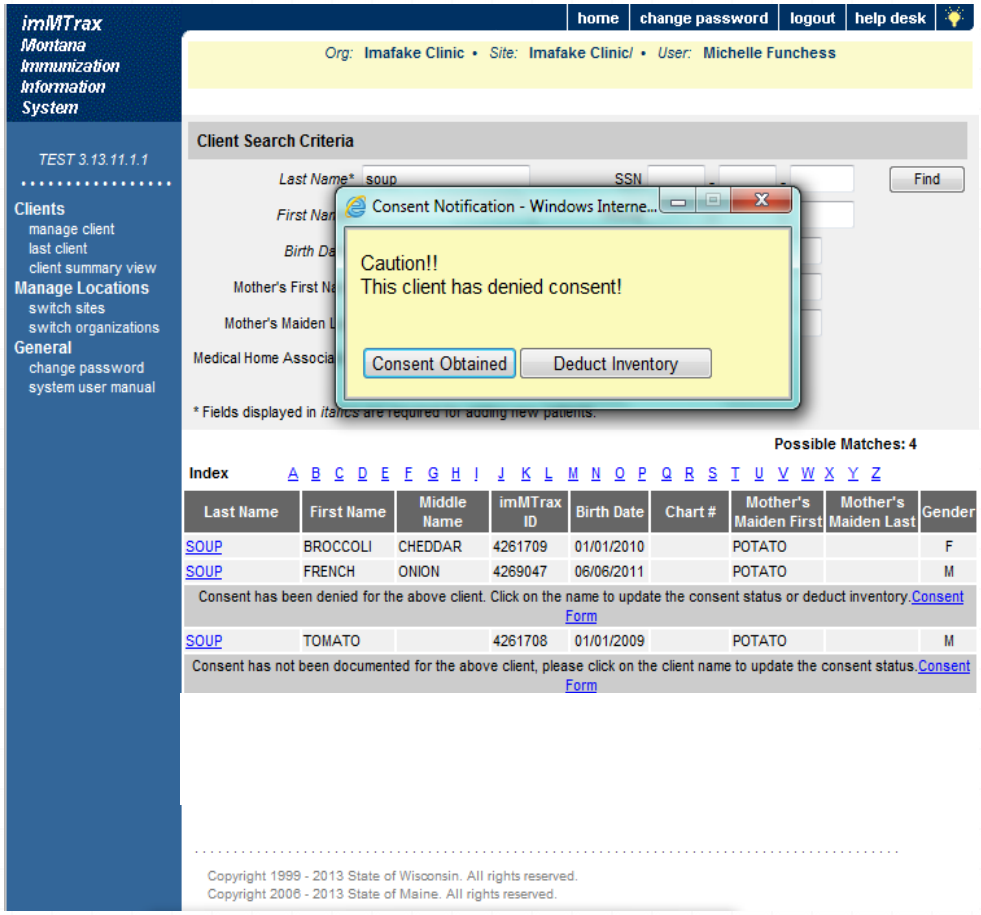
Clicking on the last name of a client whose consent status has not been documented will cause a pop-up box to appear. The available options are *Consent Obtained* or *Consent Denied*.

If the client was selected in error and consent remains undetermined, close the pop-up box by selecting the "X" in the top right corner.

Read Only with Consent role users do not have inventory functions. Selecting *Consent Denied & Deduct Inventory* will send the user back to the home page.

Manage Client,

Read Only With Consent



Consent Denied

Clicking on the last name of a client that has denied consent will cause a pop-up box to appear. The only available option is *Consent Obtained*.

If the client was selected in error and consent remains denied, close the pop-up box by selecting the "X" in the top right corner.

Read Only with Consent role users do not have inventory functions. Selecting *Deduct Inventory* will send the user back to the home page.

Manage Client,

Read Only With Consent

imMTrax
Montana Immunization Information System

home | change password | logout | help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

TEST 3.13.11.1.1

Clients
- manage client
- last client
- client summary view

Manage Locations
- switch sites
- switch organizations

General
- change password
- system user manual

Personal Information

Last Name* SOUP
First Name* FRENCH
Middle Name ONION
Birth Date* 06/06/2011
Gender MALE
SSN
Mother's Maiden Last
Mother's First Name POTATO
County* LEWIS & CLARK
Medicare Id (Part B)
imMTrax Id 4269047

Save | Cancel | Record Immunization | History/Recommend | Reports

Client Information | Responsible Persons | Client Comments | Contact History

Chart #
Ethnicity
Race
Medical Home Association*
Primary Provider* Not Associated
VFC Eligibility* Not Eligible
Other Eligibility* Insured
Secondary Associations
Tracking Schedule* ACIP
Status Active
Status Change Date
School
Allow Reminder & Recall Contact? Yes
Last Notice Date
Primary Association

Insurance Providers
5 STAR LIFE INSURANCE COMPANY
A & I Benefit Plan Administrators, Inc.
AAA LIFE INSURANCE COMPANY
Add > | < Remove
Selected Providers

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After selecting *Consent Obtained*, imMTrax automatically changes the client's consent status to *Active*.

Manage Client,

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Client Information | Responsible Persons | Client Comments | Contact History

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Medical Home Association*
Primary Provider* Not Associated
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Tracking Schedule* ACIP
Status Active
Status Change Date
School
Allow Reminder & Recall Contact? Yes
Last Notice Date
Primary Association

Insurance Providers
5 STAR LIFE INSURANCE COMPANY
A & I Benefit Plan Administrators, Inc.
AAA LIFE INSURANCE COMPANY

Add > | < Remove

Selected Providers

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In order to proceed to *History/Recommend* or *Reports*:

- ✓ *Medical Home Association* must be documented
- ✓ Save changes

imMTrax Medical Home Association Guide and a link to the PDF are located on next page.

Read Only access roles do not include the ability to enter or edit immunization information. Selecting Record Immunization will send the user back to the home page.

Medical Home Associations,

Read Only With Consent

Montana Immunization Program

***imMTrax* Medical Home Association Guide**

Medical Home Association*

- Primary Care
- Secondary Care
- Not Associated
- Mass Immunization
- School (non-SBHC)
- WIC

If this patient comes to you for MOST of their immunizations select **"Primary Care"** as you are their Primary Immunization Provider.

NOTE: This patient will be calculated into your facility's immunization coverage rate AND eligible for your facility's immunization reminder letters.

If this patient comes to you for SOME of their immunizations select **"Secondary Care"** as you are their Secondary Immunization Provider.

NOTE: This patient will be calculated into your facility's immunization coverage rate AND eligible for your facility's immunization reminder letters.

If this patient is not an established patient at your facility BUT did attended a mass immunization clinic you hosted select **"Mass Immunization"** as you do NOT provide them with ongoing immunization services.

If you are the patient's WIC representative, select **"WIC"** as you are accessing their record for WIC program purposes.

NOTE: WIC is a supplemental nutrition program for Women, Infants, and Children.

If you are the patient's K-12 school nurse select **"School"** as you are accessing their record for school related purposes.

NOTE: Non-SBHC stands for non-School Based Health Clinic.

If this patient is not an established patient at your facility select **"Not Associated"** as you do NOT provide them with ongoing immunization services.

Examples of When to Select Not Associated:

- When you access the account ONLY to obtain a record for the client.
- If you provide a one-time immunization service such as an influenza dose.

Click for PDF

Click here for the Read Only With Consent Memorandum of Agreement.

Questions?

Michelle Funchess, IIS Training and Support
(406) 444-2969
mfunchess@mt.gov

Montana Department of Health and Human Services

Public Health and Safety Division

Immunization Program