imMTrax Immunization Information System (IIS)
Single User Memorandum of Agreement

imMTrax, Montana's immunization information system or IIS, contains official immunization records for participating Montanans. *imMTrax* is a free program administered by the Montana Department of Public Health and Human Services (DPHHS) that electronically preserves a patient's immunization record. *imMTrax* brings together multiple immunization records from Montana healthcare providers (public and private) and parental "shot cards" to form one ***complete*** record. By sharing the immunization records for mutual patients, *imMTrax* helps health professionals appropriately immunize Montana kids on time, every time.

imMTrax was created with the understanding that patient confidentiality is paramount and must be protected. *imMTrax* uses data encryption for all data going to and from the IIS and is compliant with Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards. *imMTrax* access is strictly controlled by use of secure, state-issued user ID numbers. *imMTrax* is only to be accessed by health professionals, public health, and school personnel for authorized purposes. A variety of system roles are available to ensure that authorized users only have access to the information and functions necessary to conduct their day-to-day activities. Consult your city-county health department and/or DPHHS to determine which access level is appropriate for you. To apply for *imMTrax* access, a completed *Non-DPHHS Employee System/File Access Request* form is required and must be approved by IIS staff. In order to access all aspects of the *imMTrax* system, users must have access to a computer with an internet connection and Adobe Reader® version 6.0 or higher.

Montana has a voluntary inclusion or "opt-in" policy requiring consent for *imMTrax* participation. Consent may be obtained verbally or in writing. When obtaining consent, DPHHS recommends using the language in the IIS Consent Form available on the DPHHS Immunization Program's *imMTrax* website, www.dphhs.mt.gov/publichealth/immtrax.aspx.

Some users may have direct access to school records. Per the Family Educational Rights and Privacy Act (FERPA), data from school records should ***not*** be entered into *imMTrax* ***without explicit written permission from a parent/guardian***.

As a requirement for *imMTrax* use, I accept the following conditions:

- ☑ I will safeguard my *imMTrax* access privileges and password by not permitting their use by any other person.
- ☑ I, or my employer, will notify DPHHS if I discontinue employment, am terminated or no longer need access to *imMTrax*.
- ☑ I will not access *imMTrax* for any use outside those required to provide immunization services.
- ☑ I will ensure and/or confirm that informed consent is obtained prior to a patient's records being released to *imMTrax*.
- ☑ I will allow patients to option to not include their information into *imMTrax* without penalty.
- ☑ I will handle information or documents obtained through imMTrax in a confidential manner and in accordance with Montana law (Uniform Health Care Information Act, MCA 50-16, Part 5) and the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I have read, understand and accept the terms outlined in the above *Memorandum of Agreement*. I understand that any violation of these provisions may result in termination of access privileges.

_____ _____
Signature Date Printed Name, Title

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Employer Name