Steps to Electronically Request imMTrax User Access

Follow the steps below for the electronic forms process to request imMTrax access for users.
1. **You MUST have an Okta account (security authenticator to verify your identity) before accessing either the initial imMTrax access form or the Single User MOA**
2. **The forms cannot be filled out in Apple's Safari browser. Please do not attempt to open the forms on iPhone or other Apple device.**

Please call the Montana Immunization Program at 406-444-5580 if you have any questions about the steps to request imMTrax access for an employee.

Supervisor Steps

1. **Supervisor** will create an Okta account (if they don't have one) by visiting login.mt.gov and following the instructions in the Okta Account Creation Guide.
   a. *Please **log out** of Okta once you have finished creating your account.

2. Supervisor will open the imMTrax *Access Request* form at following link:

Link to ServiceNow imMTrax Access Form

imMTrax Access Request   imMTrax Access Request

Note: When you click the link to the   imMTrax *Access Request* form you will be prompted to log into **Okta***, a security authenticator. Choose Citizen login when prompted (if you are not a state employee).

*A supervisor must already have an Okta account. Please ensure you have an Okta account BEFORE clicking this link.

3. Supervisor completes the imMTrax *Access Request* Form.
a.   Supervisor completes the employee/User Info Section (input the information for the employee you are submitting an imMTrax access request for.

b.   Choose **Request Type of New Access / Change Employer**

✱ Type of Request

New Access / Change Employer - Supervisor Submission Required

User Information

✱ Legal First Name	✱ Date of Birth
Nancy	03-20-1982

Legal Middle Name	✱ Phone Number (ex. 406-444-4444)
	406-444-1234

✱ Legal Last Name	✱ Email Address
Nurse	nancy.nurse@sphealth.org

✱ Has the user ever had access to imMTrax before?

No

✱ Employer	✱ Job Title
St. Peters Health	Clinic RN

✱ Location Name ❓	VFC PIN Number
SPH Broadway	2102

✱ Address	✱ City
2550 Broadway Street	Helena

✱ State	✱ County
MT	Lewis and Clark

✱ Zip	
59601	

c. Supervisor Completes Requested Access Info Section

Requested Access Information

✱ Start Date

| 11-07-2022 | 📅 |

End Date (If Applicable)

| MM-DD-YYYY | 📅 |

✱ Please list access requested here:

| Read Only with Consent : search/view/print records | ▾ |

✱ Give a brief justification as to why access is needed

| Nancy needs to know what immunizations her patients are due for. |

✱ Supervisor's Name

| Stacy Supervisor |

✱ Supervisor's Job Title

| Clinic Manager |

d. Supervisor checks the box as the Authorizing
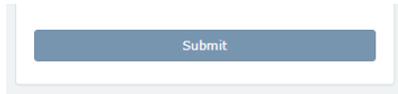Official who can authorize the imMTrax access request.

Authorizing Official:

I understand that it is my responsibility to inform the State of Montana Immunization Program immediately when this access is no longer needed. I am authorized to request access for this employee at the location specified.

After submitting this request, the requested user will receive an email with further instructions to complete the imMTrax agreement.

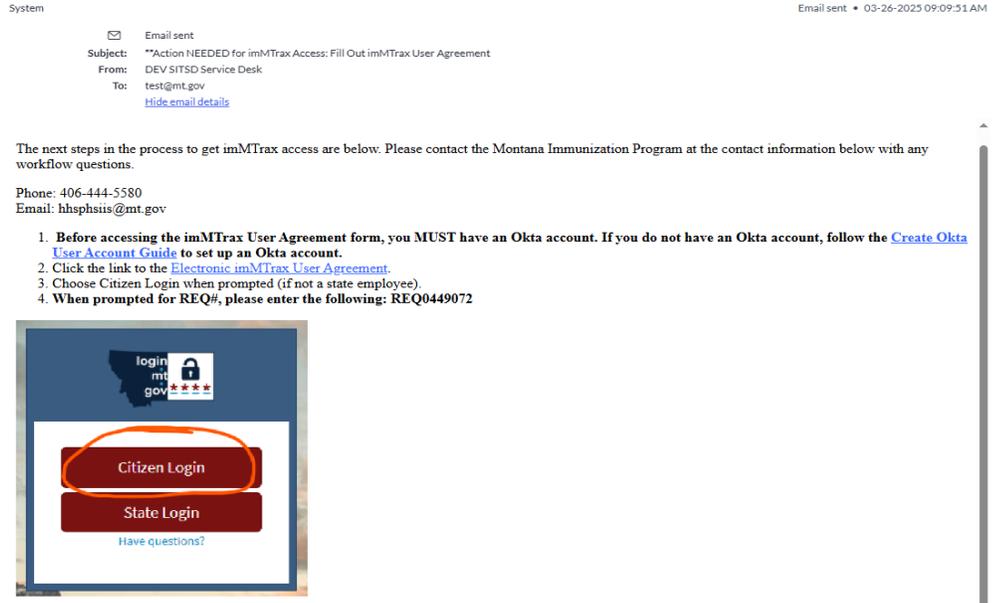☑ ✱I have read and fully agree to the above authorizing official statement.

4. Supervisor clicks the **Submit** button to submit the **imMTrax** *Access Request* form.

> Submit

Prospective New User Steps:

1. If the request is approved by the imMTrax support team, the prospective new user will get an email (see the example email below) with instructions to fill out the imMTrax *User Agreement.*

Note #1: If the user does not get an email like listed in the image, please contact the imMTrax team at hhsphsiis@mt.gov or 406-5580.

Note #2: Your employee will need to sign up for an Okta account if they do not already have one. Have them follow the Create an Okta Account guide to get signed up with an Okta account before proceeding to step #3.

2. The prospective new user will create an Okta account (if they don't have one) by visiting login.mt.gov and following the instructions in the Okta Account Creation Guide.

   a. *Please **log out** of Okta once you have finished creating your account.

3. The prospective new user should click the link to the *Single User MOA.* Once the user clicks the link the user will need to click Citizen login button and log into their Okta account.

4. The prospective new user needs to ensure that they are clicking on the button like shown below.

5. The user needs to fill out the *starred fields on the imMTrax User Agreement

a. REQ# - This number will be listed in the email the user receives instructing them to fill out the **imMTrax *User Agreement***.

Request Information

✱ REQ#

REQ0100387

b. The user will need to check the boxes to agree to use the imMTrax system appropriately.

☑ ✱I will safeguard my imMTrax access privileges and password by not permitting their use by any other person.

☑ ✱I, or my employer, will notify Montana Immunization Program if I discontinue employement, am terminated, or no longer need access to imMTrax. IIS staff have the authority to inactivate imMTrax user accounts that have not been accessed in over six months.

☑ ✱I will not access imMTrax for any use outside those required to provide immunization services or activities.

☑ ✱I will allow patients the option, without penalty, to have their information excluded from entry into imMTrax.

☑ ✱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).

imMTrax Consent

Montana has a voluntary inclusion or "opt-in" policy requiring client or guardian consent for immunizations to be accessible in imMTrax. Changing client consent without authorization is in violation of state confidentiality rules. When obtaining consent, the Montana Immunization Program recommends using the language on the IIS Consent Form available on the Montana Immunization Program's imMTrax website. The consent form, as well as additional information and guidance can be found at: https://dphhs.mt.gov/publichealth/imMTrax/index.

As a requirement for imMTrax access, I acknowledge:

☑ ✱I will ensure that consent to participate in imMTrax is collected and updated appropriately.

☑ ✱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.

c. User completes the signature section

Signature

✱ Facility/Employer Name	✱ Job Title
SPH Broadway Clinic	Clinic RN
✱ Full Legal Name	✱ Date
Nancy N. Nurse, RN	11-09-2022

☑ ✱ My name, typed above, is my electronic signature.

6. User clicks the **Submit** button

Save

Submit

7. Once all steps have been completed, imMTrax support will set up the user's imMTrax access. The user will be sent their access credentials via email. **Please contact the imMTrax team at hhsphiis@mt.gov or 406-444-5580 if you have not received your imMTrax login credentials within three business days after submitting your request for access.**

NOTE: Failure to complete all required paperwork will result in a delay in the user in receiving imMTrax access.