New Mexico Statewide Immunization Information System (NMSIIS)
User Security and Confidentiality Agreement

I. Background

Pursuant to its public health authority under the Public Health Act, section 24-1-3, NMSA 1978 to prevent, suppress, and conduct surveillance of disease and under the Immunization Act, sections 24-5-7 to 15, NMSA 1978 to establish and maintain a statewide immunization registry the New Mexico Department of Health (NMDOH) operates and maintains the New Mexico Statewide Immunization Information System (NMSIIS).

II. Access to and Disclosure of Registry Information

NMSIIS data is confidential under both state and federal laws including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. Breach of confidentiality requirements may subject the organization and/or user to termination from participation in the NMSIIS and may result in civil or criminal penalties for improper disclosure of health information.

Any other use of NMSIIS data is prohibited and no person shall attempt to access or copy data from NMSIIS without written consent from the NMDOH.

III. User Participation

NMSIIS data is confidential under both state and federal laws including HIPAA and HITECH. The Organization agrees it is a covered entity and shall comply with all applicable requirements of the HIPAA and the HITECH Acts.

All personnel granted access, including, but not limited to, permanent and temporary employees, volunteers, contractors, and consultants are required to be trained and to sign an NMSIIS User Security and Confidentiality Agreement before gaining access to the registry. The Organization shall ensure that all its users are trained and have signed agreements before allowing them access to the NMSIIS. **The Organization shall ensure that each user utilizes their own unique credentials to access the system and that log in information is not shared among users**. The Organization shall ensure that appropriate security and confidentiality practices and procedures are in place and used to protect data in NMSIIS in their organization.

NMSIIS Help Desk Contact Information:
Toll Free: **1-833-882-6454**
Help Desk Hours are Monday through Friday
8:00a.m. to 5:00p.m.
(Closed for Lunch from 12:00p.m. to 1:00p.m.)

NMSIIS data shall not be disclosed to unauthorized individuals or entities, including law enforcement, without the approval of the NMSIIS Program Manager. All subpoenas, court orders, and other legal demands for NMSIIS data received by any authorized user or organization must be immediately brought to the attention of the NMSIIS staff. New Mexico Department of Health personnel will audit activities in NMSIIS to ensure the ongoing security of the data contained therein.

IV. Data Submission

Per Senate Bill 58, physicians, nurses, pharmacists, and other health care providers shall report all immunizations administered to NMSIIS unless the patient, or the patient's parent/guardian, if the patient is a minor, refuses to allow reporting of this information. All administered immunizations must be reported to NMSIIS, including but not limited to adult, pediatric, and employee vaccinations. Administered vaccines must be reported to NMSIIS per the time reporting guidelines in NMAC 7.5.5.

The undersigned Authorized Organization Representative has read, understands, and agrees on behalf of the Organization to abide by this NMSIIS Organization Security and Confidentiality Agreement.

***Please Provide All Requested Information**

*NMSIIS Clinic ID # _____
(list all required locations that will be accessed)

*Organization Name: _____

*Clinic Name: _____
(may be the same as organization name)

Store or Location # (if applicable): _____

*Printed Name of User: _____

*Primary Email Address: _____

Alternate Email Address: _____

*Phone Number: _____

***Please choose the level of access needed:**
If it is a data exchange location, access may be limited. Data Entry is required via EMR/EHR

☐ **Basic/Standard** User (edit access, report vaccines, run reports, view inventory)
☐ **Inventory Control** (basic/standard user access, maintain and manage inventory, clinic tools)
☐ **Reports Only** (view patient records and demographics, run limited reports)

***Please check the boxes below that apply to the user:**
☐ Administers Vaccines
☐ Prescribes Vaccines

Please Note: To be listed as a Primary or Backup Coordinator a Change of Contact must be submitted in NMSIIS and approved by the Vaccine for Children (VFC) or Adult Program.

☐ Is Primary Coordinator for the location (***CHIL-e training must be completed and submitted***)
☐ Is Back-Up Coordinator for the location (***CHIL-e training must be completed and submitted***)

***Have you previously had NMSIIS access?**
☐ No ☐ Yes Previous Username: _____

Training Completion Date: _____

***User Signature:** _____ ***Date:** _____
(electronic or printed)

Send the completed copy of the User Agreement and NMSIIS Certification of Training Completion to:
NMDOH/NMSIIS Immunization Program NMSIIS.Access@doh.nm.gov