



New Mexico Statewide Immunization Information System (NMSIIS) Organization 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.

Protecting the privacy of individuals and the security of information contained in the NMSIIS is a high priority. The information contained in NMSIIS shall only be used for the following purposes:

- to ensure that the registrants receive all recommended immunizations in a timely manner by providing access to the registrant's immunization record.
- to improve immunization rates by facilitating notice to registrants of overdue or upcoming immunizations; and
- to control communicable diseases by assisting in the identification of individuals who are at risk or who require immediate immunization in the event of a disease outbreak.

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 a 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. 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.

The Organization is responsible for immediately notifying the NMSIIS Help Desk of terminations and status changes for authorized NMSIIS users in their organization. Status changes that require notice to the NMSIIS Help Desk are any changes that eliminate the employee's need to access the NMSIIS. Those changes include, but are not limited to, termination, change of job assignment and extended leave. Leave of more than 60 days must be reported to the NMSIIS

Help Desk. Users who fail to access the NMSIIS for more than 60 consecutive days will have their accounts automatically inactivated by the NMSIIS staff.

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.

As NMSIIS contains protected health information, the Organization agrees to always protect the confidentiality of the data. The data is not to be shared with any unauthorized individual or entity, nor shall it be used for purposes or under conditions other than those approved by the NMSIIS Program. At the Division's discretion, access may be modified. The organization signing this agreement agrees to take all applicable security measures to maintain the confidentiality and security of the data to ensure its limited access and to comply with the conditions of its use.

V. Automated Data Exchange

Participating providers, including Managed Care Organizations (MCOs), with electronic information systems compatible with the Registry, may request permission to exchange information with the Registry using a file format and protocols approved by the NMSIIS Program. If approved for automated data exchange, the provider is responsible for all costs of implementing and maintaining data transfers, for ensuring that transfers are completed on a timely basis, for responding to error messages, and resolving errors. Providers shall update their data systems when changes are made to the approved file format or as otherwise needed to maintain the integrity of the data transfers.

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.

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Electronic or Printed Signature of Authorized Organization Representative

Printed Name of Authorized Organization Representative

Date

Organization Contact Information:

First Name: _____ Last Name: _____ Middle Initial: _____

Phone: (____) ____-____ Email: _____

Organization Type (check only one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Certified Home Health Agency | <input type="checkbox"/> Indian Health Medicaid | <input type="checkbox"/> Preschool/Daycare/Headstart |
| <input type="checkbox"/> Children and Family Services | <input type="checkbox"/> Migrant Clinic | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> College | <input type="checkbox"/> Military Health Facility | <input type="checkbox"/> Public Clinic/Non-Health Dept. |
| <input type="checkbox"/> Corrections Facility | <input type="checkbox"/> New Mexico DOH | <input type="checkbox"/> Public Health Dept. |
| <input type="checkbox"/> FQHC | <input type="checkbox"/> Nursing and Long-Term Care | <input type="checkbox"/> School |
| <input type="checkbox"/> HMO | <input type="checkbox"/> OB/Gyn | <input type="checkbox"/> School Based HC |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other State Extract | <input type="checkbox"/> Substance Abuse Clinic |
| <input type="checkbox"/> Hospital: Birthing Unit | <input type="checkbox"/> Pharmacy | |

Email to:

NMDOH/NMSIIS Immunization Program
Felicia.Martinez2@doh.nm.gov