Texas Department of State Health Services
ImmTrac - Texas Immunization Registry
Site Agreement and Confidentiality Statement Update/Renewal

For all previously ImmTrac registered sites/entities accessing ImmTrac information resource(s)

This agreement and confidentiality statement is by and between the Texas Department of State Health Services (DSHS, hereinafter) and

(Site Name)** _____ (Provider, hereinafter) made and entered into on

(Date)** _____ concerning the access and use of ImmTrac, the Texas immunization registry.

The site information requested below is required in order to verify a registered sites previously captured information. For security purposes an ImmTrac representative may also verify information by contacting a sites point of contact, listed medical professional and/or its users.

****Physical Address:**	****City:**	****County:**

****State:** Texas	****Zip Code:**	****Phone Number:**	Fax Number:

1. DSHS and ImmTrac agree to:

A. Provide:
- Secure access to ImmTrac on existing and compatible site computers.
- Training and support to site staff on using the immunization registry, including periodic briefing sessions as needed.
- Customer support for assistance with questions and technical support for ImmTrac specific issues.
- Customer support Monday through Friday (except state holidays) from 7:30 AM to 4:45 PM by calling (800) 348-9158.

B. Maintain:
- Registry data for: (a) participants from birth to age 18 years old, (b) first responders, (c) first responder immediate family members 18 years of age and older, (d) participants age 18 years and older, (e) persons entered in preparation for or in response to a declared public health emergency or disaster related event (information is retained for 5 years after the event has been declared over unless consent to retain information permanently is obtained).
- Registry information privacy in accordance with state and federal law.

C. Adhere to ImmTrac Security and Customer Support Access Policies as follows:
- Assign each individual user a unique user id.
- Sites which require more individual user IDs than can be listed on the Agreement/Confidentiality form must contact ImmTrac Customer Support for special instructions.
- Accounts which are never used are locked within 30 days of creation.
- Accounts which are never used are deleted within 90 days of creation.
- Site accounts with previous activity which are dormant/inactive for more than 1 year are automatically locked, with the exception of schools (allowed 2 years of inactivity).
- Sites are ultimately accountable for all site staff usage of ImmTrac. If a site is deemed a security risk, all user accounts in that site will be administratively locked.
- Sites are required to ensure that ImmTrac access is only used for its' intended purpose by site staff (i.e. ImmTrac must not be used for business and/or personal research).
- Sites must designate a point of contact and/or a signature authority who is authorized to sign the ImmTrac Site Agreement and Confidentiality Statement.

2. Site staff agree to:

A. List Point of Contact and all authorized site users below:

****Point of Contact's Full Name:**		****Point of Contact's Title:**	
****Point of Contact's Phone #:**	Ext.	****Point of Contact's E-Mail:**	

User Type:	First Name:	Last Name:	Title:	E-mail:

** Denotes Recommended Information,* ***** Denotes Required Information.***

Please review your information before submitting. Thank you for completing this form in its entirety!

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B. Offer all parents, managing conservators or legal guardians the opportunity to consent to enter their child's identifiable and immunization information in to the Registry, if the child does not already participate in ImmTrac. Affirm consent was granted to DSHS. If an immunization history is requested, print an immunization history report.
C. Offer all first responders and first responder immediate family members 18 years of age and older the opportunity to request to enter their identifiable and immunization information into to the Registry, if the person does not already participate in ImmTrac. Affirm consent was granted to DSHS. If an immunization history is requested, print a immunization history report.
D. Offer all adults, age 18 years and older, the opportunity to request to enter their identifiable and immunization information into the Registry, if the person does not already participate in ImmTrac. Affirm consent was granted to DSHS. If an immunization history is requested, print an immunization history report.
E. With the appropriate consent, enter the child's, first responder's or first responder's immediate family member's past (if available), and the adult's present and future immunization data into ImmTrac.
F. Instruct site personnel on the confidentiality of information in the ImmTrac database.
G. Ensure ImmTrac or any immunization information is not used in a punitive manner (e.g. to deny services or track immigration status) or to solicit new patients or clients.
H. Loss of user privileges if abuse of registry data is suspected.
I. Allow other sites to enter into this same agreement with DSHS and participate in the immunization registry. NOTE: Using accurate identifying data, any user can "view" any client immunization record in the database.
J. For the purpose of assuring the quality and accuracy of the consented data submitted to the immunization registry, allow DSHS to compare the sites immunization records to children whose names appear in the Registry and are linked to the provider.

3. Confidentiality Statement

By signing this confidentiality statement, I certify that I have read this confidentiality statement and agree to comply with the following:
A. I will provide copies of this confidentiality statement to site staff accessing ImmTrac for their review and direct them to ImmTrac online training materials.
B. I Agree to be held responsible for my staff's actions regarding information contained in the Registry.
C. The information entered in the ImmTrac registry is confidential and must be used only for the purpose it is collected.
D. Unauthorized disclosure of personally identifiable information is prohibited. A person commits an offense if the person: (a) negligently releases or discloses immunization registry information in violation of Sections 161.007, 161.0071, 161.0073, or 161.008 of the Health and Safety Code or (b) negligently uses information in the immunization registry to solicit new patients or clients or for other purposes that are not associated with immunization or quality-of-care purposes.
E. Any unauthorized disclosure of Registry information will result in my losing the ability to access the ImmTrac application.
F. I agree not to disclose any past, present, and future immunization records other than to a parent, managing conservator or legal guardian of the child or any organization authorized to access ImmTrac.
G. I agree not to disclose any past, present, and future immunization records of any first responder or first responder immediate family members without consent of that individual.
H. I agree to protect the ImmTrac user ID and password from unauthorized users.
I. I verify that I am an authorized ImmTrac registry user and will use the security level assigned by DSHS.
J. I have read and agree to the terms on this *ImmTrac Site Agreement and Confidentiality Statement*.

Providers Requesting Paper Reporting Authority:

DSHS is not authorized to perform data entry for sites. The simplest, most accurate and efficient form of reporting and viewing immunizations is through direct Internet access to the ImmTrac database. Paper reporting requires that the provider manually enter the client's information and immunization data onto the approved ImmTrac *Paper Reporting Form*. This service is available only for providers who do not have a computer or do not have Internet access. To request paper reporting authority, please affirm the following by marking an "X" in the box and signing.

☐ *This facility/site does not have a computer or Internet access to allow for direct access to ImmTrac online.*

By signing your name below, you are signing on behalf of this registering site. Only staff authorized to sign on behalf of this site should sign. All registering sites are subject to Texas and federal privacy and other laws and will be screened by ImmTrac Staff to determine legitimacy, qualification for access, access levels and individual professional medical licenses when necessary and/or applicable.

****Print Name of Authorized Person:**		****Title:**	
****Signature of Authorized Person:**		****Date:**	

Submit your completed form to Texas Department of State Health Services, ImmTrac Group MC1946, PO Box 149347, Austin, Texas 78714-9347 or faxing it to (512) 776-7790. Electronically signed and saved forms can be e-mailed to ImmTracRegistration@dshs.state.tx.us

Date is not required if signing electronically. Electronic signatures must be legible if printed, mailed and/or faxed.
** Denotes Recommended Information,* ***** Denotes Required Information***.

For Office Use Only	PFS #:	HQ PFS #:	Import Code:
	Primary User ID:	Group Level:	Staff:	Date:

Please review your information before submitting. Thank you for completing this form in its entirety!
Texas Department of State Health Services - Immunization Branch - ImmTrac - Customer Support (800) 348-9158