



# **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 law including the Health Insurance Portability and Privacy Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). 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 the 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 the NMSIIS without written consent from the NMDOH.

### **III. User Participation**

NMSIIS data is confidential under both state and federal law 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 of its users are trained and have signed agreements before allowing them access to the NMSIIS. The Organization shall ensure that each individual uses 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 the 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.

**NMSIIS Help Desk Contact Information:**

Toll Free: (833) 882-6454

Santa Fe: (505) 827-2356

Help desk hours are 7 a.m. to 6 p.m. Monday through Friday

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 on the NMSIIS to ensure the ongoing security of the data contained therein.

#### **IV. Data Submission**

Organizations that provide immunizations are expected to submit immunization information to NMSIIS on a timely basis. To ensure that updated data is available for a child's next provider visit, no more than three (3) weeks should elapse between administration of a vaccine and submission of the immunization information to NMSIIS.

As NMSIIS contains protected health information, the Organization agrees to protect the confidentiality of the data at all times. 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. The organization signing this agreement agrees to take all applicable security measures to maintain the confidentiality and security of the data, to insure its limited access and to comply with the conditions of its use.

#### **V. Automated Data Exchange**

Participating providers, including Managed Care Organizations, 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 the 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.

VFC Pin #: \_\_\_\_\_ (if assigned)

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

\_\_\_\_\_  
Electronic or Printed Signature of Authorized Organization Representative

\_\_\_\_\_  
Printed Name of Authorized Organization Representative

Date: \_\_\_\_\_

Organization NMSIIS Contact Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Organization Type (check only one):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> College or University Based Health Center | <input type="checkbox"/> Medicaid                                 | <input type="checkbox"/> Private Practice                         |
| <input type="checkbox"/> Corrections Facility Based Health Center  | <input type="checkbox"/> Migrant Clinic (Adult/Child)             | <input type="checkbox"/> Public Clinic - Non-Health Department    |
| <input type="checkbox"/> FQHC                                      | <input type="checkbox"/> Military Health Care Facility            | <input type="checkbox"/> Public Health Department Operated Clinic |
| <input type="checkbox"/> HIV/STD Clinic                            | <input type="checkbox"/> New Mexico State DOH                     | <input type="checkbox"/> School Based Health Center               |
| <input type="checkbox"/> HMO                                       | <input type="checkbox"/> Nursing Home/Long Term Care Facility     | <input type="checkbox"/> School Nurse                             |
| <input type="checkbox"/> Home Health Agency                        | <input type="checkbox"/> OB/GYN                                   | <input type="checkbox"/> Substance Abuse Clinic                   |
| <input type="checkbox"/> Hospital                                  | <input type="checkbox"/> CYFD Residential or Day Treatment Center |   |
| <input type="checkbox"/> Hospital - Birthing/Neonatal Care         | <input type="checkbox"/> Pharmacy                                 |   |
| <input type="checkbox"/> Indian Health                             | <input type="checkbox"/> Planned Parenthood/Family Planning       |   |

Email to:  
NMSIIS Immunization Program/NMDOH  
[Felicia.Martinez2@state.nm.us](mailto:Felicia.Martinez2@state.nm.us)