



Mississippi Immunization Information eXchange (MIIX) – USER AGREEMENT

To participate in the Mississippi Immunization Information eXchange (MIIX)

Please complete the following information for all staff within your facility which will need access to MS Immunization Information eXchange (MIIX). A user ID and Password will be assigned to each user by the MIIX Community Resources Team. Complete, sign and return this form to the MSDH Immunization Program by fax, email or mail.

By signing below, each user acknowledges the following:

- He/she agrees to abide by this MS Immunization Information eXchange “User Agreement” by only sharing the information provided with those parties requesting immunization records with legal rights to said records.
- He/she agrees to abide by the *MSDH Immunization Manual* and any applicable federal and/or state laws, policies and regulations (e.g., HIPAA) as it relates to security, privacy and management of immunization data and records.
- Information contained can only be used for those purposes outlined in this “User Agreement.”
- Each user is responsible for the safeguard of his/her User ID and Password.
- User IDs and/or Passwords must not be given to any unauthorized user.
- User IDs and Passwords should not be posted in a public area.

Organization Name: _____

Clinic/Facility or School Name: _____

Facility Type: Hospital Clinic Pharmacy Long Term Care Facility School

VFC Provider VFC PIN: _____

Contact Person(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax: _____

Email Address: _____

All user names will follow the “firstname.lastname” format (Ex. Jane. Doe). The initial password will be “Welcome 1”. All users will be prompted to immediately change/create their individual passwords. Please check only one access level per person. (Data Entry access provides the user with permissions, while Read Only users have no permissions set)

List all employees requesting registry user access:

| | | | | |
|----|---------------------------|--------------------------|--|-----------|
| 1. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 2. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 3. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 4. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |

| | | | | |
|----|---------------------------|--------------------------|--|-----------|
| 5. | First Name <i>(print)</i> | Last name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 6. | First Name <i>(print)</i> | Last name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 7. | First Name <i>(print)</i> | Last name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |

As a condition of participating in MIIX the above Facility enters into this agreement with the Mississippi State Department of Health, and agrees to the following:

- ◆ To use MIIX only for the immunization needs of patients. The Facility and its personnel will access the immunization information system only when needed to assure adequate immunization of a patient, to avoid unnecessary immunizations, to confirm compliance with mandatory immunization requirements, to control disease outbreaks, and to offer recommended vaccines based on ACIP or CDC recommendations.
- ◆ All Facility personnel that will use MIIX must be assigned User IDs and Passwords by the MIIX Team, and must sign this MIIX “User Agreement.” The Facility is responsible for returning the completed and signed “User Agreement” to the Immunization Program office. When an authorized user leaves this Facility, the Facility Manager, Administrator or authorized designee must fax the Remove User form to the MIIX program office within three (3) days of that employee’s last day of employment.
- ◆ If the Facility and/or its personnel violate this agreement or use the system in an unauthorized manner, the Mississippi State Department of Health reserves the right to terminate access to the system.
- ◆ The Facility agrees that it will safeguard its User IDs and Passwords against use other than that allowed by this agreement.
- ◆ The Facility understands that unauthorized disclosure of confidential information may result in legal penalties. The Facility is responsible for the actions of its staff regarding the confidentiality of information contained in the immunization information system. The Facility shall require each staff user to sign this MIIX “User Agreement” and keep it on file.
- ◆ The Facility agrees to furnish MIIX specified demographic and immunization information about patients receiving immunizations. The Facility shall submit information to MIIX promptly, striving for submission within ten (10) days after the date the vaccine was administered.

Signing this form signifies agreement to be a participating Facility and a MIIX authorized user. Please sign, keep a copy for yourself, and fax to the Immunization Program.

Signature of Clinic/Facility Manager/ Administrator/Authorized Designee

Date

This completed form may be emailed to Rightfax_imm@msdh.ms.gov

Or mail to:

Mississippi State Department of Health
Immunization, Community Resources
Post Office Box 1700
Jackson, MS 39217-1700

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| | | | | |
|-----|---------------------------|--------------------------|--|-----------|
| 8. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 9. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 10. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 11. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 12. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 13. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 14. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 15. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 16. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 17. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 18. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 19. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |
| 20. | First Name <i>(print)</i> | Last Name <i>(print)</i> | Position/Title <i>(print)</i> | Signature |
| | E-mail: <i>(required)</i> | | Access Level <i>(select one)</i> <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only | |

MS State Department of Health

Instructions for Form 1161, Mississippi Immunization Information eXchange
(MIIX) – User Agreement

Revision Date: August'06.'4220

Purpose: Provide a means to document MIIX users

Instructions:

The Clinic/Facility Manager, Administrator or Authorized Designee must complete and sign the MIIX user agreement form to authorize employee access to the **Mississippi Immunization Information eXchange (MIIX)**.

Step 1: Enter the Organization name.

Step 2: Enter the Clinic/Facility or School Name.

Step 3: Check the appropriate facility type.

Step 4: Check the VFC Provider checkbox to indicate your facility is a VFC Provider and Enter the VFC PIN number.

Step 5: Enter the first and last name of person designated as the MIIX contact person for the facility/clinic/school.

Step 6: Enter the Street Address, City, State and Zip Code of the facility/clinic/school.

Step 7: Enter the telephone number, the facsimile number and the email address of the facility/clinic/school.

Step 8: In the **List all employees requesting registry user access section**, Enter the employees First Name, Last Name, Position/Title, Email Address, select the appropriate Access Level and have the employee sign the Signature Field.

- a) An Email address for each employee is required to ensure secure password management.
- b) Data Entry Access enables permissions for the employee to enter data, such as, patient information, vaccine information and print 121 Forms, etc.
- c) Read Only Access allows view only access rights.

Step 9: The Clinic/Facility Manager, Administrator or Authorized Designee must sign the MIIX user agreement. Signing this form signifies agreement to be a participating Facility and a MIIX authorized user.

Step 10: Keep a copy for yourself, and fax or mail to the Immunization Program. Facsimile Numbers and mailing address are listed on the MIIX user agreement form.