

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
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**Primary and Back-Up Vaccine Coordinator
ImmPact Administrator Agreement**

Maine's Immunization Information System (ImmPact) is a statewide database of immunization histories. ImmPact is used to facilitate an organization's ability to (1) remind patients of needed immunizations; (2) standardize vaccine inventory management; (3) search and update patient records; (4) assess the need for immunizations; and (5) achieve other necessary and appropriate purposes.

In order to participate in ImmPact, this Organization's authorized person and ImmPact administrator (Primary and back-up vaccine coordinator) agree to the following:

1. Access only immunization and health screening information in ImmPact for individuals to whom the organization provides services as necessary to perform a legally authorized function of the organization.
2. Comply with the *ImmPact Confidentiality and Security Policy*, including procedures to safeguard user name(s) and password(s) against unauthorized use.
3. Access ImmPact records only under the user's name and password.
4. Never require a patient to pay a charge or fee for the organization's use of ImmPact or for any information obtained from ImmPact.
5. Ensure that *Individual User Agreements* are completed for each user annually.
6. Designate an "ImmPact Administrator (Primary vaccine coordinator and back-up vaccine coordinator)" who will be responsible for the following activities:
 - Activate ImmPact users after they have executed an *Individual User Agreement* that identifies their assigned role-based security authority within this Organization.
 - Maintain signed *Individual User Agreements* for four (4) years and make them available to Maine Immunization Program (MIP) staff upon request.
 - Provide user oversight and ensure that individual users are terminated (deactivated) when no longer affiliated with this Organization.
 - Ensure that *Individual User Agreements* are maintained and updated as needed.
 - Ensure that each staff member requiring access has a user name and password and uses ImmPact consistent with the *ImmPact Individual User Agreement* and the *ImmPact Confidentiality and Security Policy*.
7. Comply with the *Immunization Information System Rules* (10-144 Code of Maine Rules Chapter 274). <http://www.maine.gov/sos/cec/rules/10/144/144c274.doc>
 - Failure to abide by this *Agreement* may result in immediate suspension or termination of access to ImmPact and may result in other enforcement or action.
 - This *Agreement* must be signed by both the Organization's Authorized Person and the ImmPact Administrator.
 - The Organization's ImmPact Administrator agrees to assume the role of "Vaccine Coordinator."
 - The Organization's Authorized Person and ImmPact Administrator agree that to the extent that a breach of protected information is caused by a user, the Organization agrees to pay the cost of notification, as well as any financial costs and/or penalties incurred by the Department of Health and Human Services as a result of such a breach.

- This signed and dated *Agreement* must be faxed to the Maine Immunization Program (207) 287-8127, attention ImmPact.
- By manually signing below, the Organizations' Authorized Person and ImmPact Administrators agree to comply with the above condition.

Name of Organization: _____ VFC PIN: _____

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

ImmPact Administrators:

Name of Primary Vaccine coordinator: _____

Phone: _____ Fax: _____ Email: _____

Name of Secondary (Back-up) Vaccine coordinator: _____

Phone: _____ Fax: _____ Email: _____

Signature of ImmPact Administrator/Primary: _____ Date: _____

Printed Name of ImmPact Administrator/Primary: _____

Signature of ImmPact Administrator/Secondary (Back-Up): _____ Date: _____

Printed Name of ImmPact Administrator: _____

Signature of Organization's Authorizing Person: _____ Date: _____
(i.e. office manager or medical director)

Printed Name and Title of Authorizing Person: _____

MIP use only: Date Received: _____ Initials: _____