Government of the District of Columbia
Department of Health
Community Health Administration
Child, Adolescent and School Health Bureau
Immunization Program

District of Columbia Immunization Information System (Immunization Registry) Confidentiality Policy and User Agreement

Confidentiality Policy

The District of Columbia Department of Health, Community Health Administration, Child Adolescent and School Health Bureau, Immunization Program has established an Immunization Information System (The Registry) to track immunization histories and ensure compliance with immunization schedules. The system was established in order to improve the immunization rates of the District's residents; to prevent diseases and possible deaths which can arise in unvaccinated, susceptible populations; and to track compliance with age-appropriate immunizations, provide follow-up services, and thereby raise childhood immunization levels in the District of Columbia. The Registry has the capability to include the complete immunization histories of District of Columbia residents and those who attend or seek services from facilities located in the District of Columbia.

The Registry is a computer-based, central repository and communications network for child identifiers, demographic locators, and immunization histories. This system is administered by the Department of Health's Information Technology Division and can be viewed on individual personal computers via a network. The Information Technology Division is responsible for the back-up and storage of the Registry data in a secure location.

The Department of Health is concerned about and obligated to maintain the confidentiality of records stored on this electronic system. This confidentiality policy and user agreement was developed to provide protection for individuals whose immunization records and demographic information are stored on the registry and to maintain the integrity of these records.

The Immunization Program has established procedures to ensure the security of the records maintained in the Registry. Data is accessible to Registry users, including authorized personnel and registered volunteers within the Department of Health and registered third-party subscribers (such as, primary health care providers, day care centers, schools, and others who have a genuine need for the data).

Registry users will be given a user name and password to access the Registry and will have restricted access to data stored in the Registry, based on their type of facility and their need for the data. In order to retrieve immunization information on an individual, registry users must first enter satisfactory identifying information on the client, such as name and date of birth. The Department of Health prohibits the disclosure of any information included in the Registry to any unauthorized parties. It is expected that Registry users will treat the information obtained from the Registry as they would any other data in the medical record.

A child's mother, father, or guardian, if the client is a minor; or the client may have access to records stored within the Immunization Registry. They may access these records through the Immunization Program or Registry users. Information on vaccination history or other health status, such as blood lead testing information, may also be released by Registry users to third-parties, including health care providers, schools and day care centers, who do not have electronic access to the data. These parties must identify themselves properly, provide sufficient demographic data to identify the child whose information is requested, and provide the reason the information is required. No identifying information such as address or phone number will be given out to anyone other than authorized Department of Health employees and registered Department of Health volunteers.

All persons who are employed by the Department of Health or are authorized volunteers, and who have been authorized, in the course of that employment or volunteer experience, to access immunization records included in the Registry in their entirety, are required to protect the privacy of the individuals whose records are maintained within the Registry.

All users of the Registry shall sign this agreement assenting to uphold the right to privacy and confidentiality of individuals whose records are stored in the Registry, and to indicate an understanding of the consequences of a violation.

User Agreement

In order to access and use the Registry, I agree to adhere to the confidentiality policy as described in the above paragraphs and, furthermore, agree to the following terms and conditions:

1. I will use the Registry's database only for individuals who are currently patients in my practice or clients at my facility.

2. I will access the Registry records when needed to provide health care for my patients/clients and/or to fulfill Registry reporting requirements.

3. I understand that any participating provider or authorized user/agency can view and update immunization information in the Registry for patients/clients under their care.

4. I understand the release of Vaccines for Children Program (VFC) patients' immunization records will be bound by the privacy protection of Federal Medicaid law.

5. I will provide each patient or parent/guardian of patient, in my primary care practice, with a record, at each visit, of all immunizations administered at each visit.

6. I will use the Registry for entry of patient registration and immunization information for all patients from birth through twenty-five years of age and for all other patients for whom the vaccine is provided by the D.C. Department of Health. I understand that I may also enter any and all adult immunization records into the Registry.

7. I will strive to enter accurate and timely data into the Registry. I will not knowingly enter invalid or false data into the Registry.

8. I will not knowingly enter invalid or false data into the Registry.

9. I will safeguard my User ID and Password against unauthorized use. I will not share my User ID or Password with any other person except for a limited number of authorized staff members.

10. I will inform the Immunization Registry staff promptly about problems with information or data, confidentiality or security breaches, and suggestions or problems in use of the system.

11. I understand that this agreement may be suspended or terminated by myself or the Immunization Program immediately upon verbal or written notification.

I recognize that by breaching this Confidentiality Agreement, I would violate the established regulations and protection afforded under D.C. Official Code, Title 7 Human Health Care and Safety, specifically Section 7-131 Regulations to Prevent Spread of Communicable Diseases, and therefore I would be subject to the penalties outlined in Section 7-140, including a fine not exceeding $5,000, imprisonment for not more than 90 days, or both.

□ I agree to all the above terms and policies, on behalf of myself.

□ I agree to all the above terms and policies, on behalf of myself, and any and all staff associated with this facility (of which I am the administrator, physician-in-chief, or equivalent).

Initials _____ Date _____

_____	_____
Name of User or Representative (please print)	Name of Witness (please print)
_____	_____
Title	Title
_____	_____
Signature of User or Representative	Signature of Witness
_____	_____
Date	Date

Approved by: _____

Date: _____

Arturo Weldon, Chief Information Technology Officer
District of Columbia Department of Health

Vaccine Provider Site Number (if applicable)

Name of Facility or Practice

Immunization Contact Person

Medical Director/Administrator

Address

City State Zip Code

Telephone #1

Telephone #2

Fax #1

Fax #2

E-mail Address

Facility Type (please check √ one):

- ☐ Pediatric Practice
- ☐ Community Health Center
- ☐ Health Maintenance Organization
- ☐ Child Care Facility
- ☐ Public College
- ☐ Ob/Gyn
- ☐ Family Practice
- ☐ Internal Medicine
- ☐ Public Hospital
- ☐ Public School
- ☐ Private College
- ☐ Health Department
- ☐ Public Health Center
- ☐ Urgent Care Center
- ☐ Private Hospital
- ☐ Private School
- ☐ Employee Health Service
- ☐ Other (specify)

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