

Creating, Updating, & Managing Responsible Persons

imMTrax User Role Training

Montana Department of Health
and Human Services

Public Health and Safety
Division

Last Update 06/09/2015

imMTrax: Responsible Persons

Responsible Persons is a component of a client's imMTrax Personal Information section. It is intended to house appropriate contact information for the client.

Responsible Persons are connected to other imMTrax modules and functions:

- Reminder and Recall Functions
- Records matching and deduplication
- Coverage Reports (Patient Listings)
- imMTrax-generated School Entry Forms

Responsible Persons and Reminder/Recall Functions

Reminder Recall:

An imMTrax tool allowing the user to generate a series of reminder and recall notices, including:*

- *Immunization Reminder/Overdue Letters and Cards*
- *Mailing Labels*
- *Client Lists (available in downloadable spreadsheet or report formats)*

One Responsible Person, designated as *Primary*, must be saved to the client record to be eligible for Reminder/Recall queries.

Responsible Persons and Coverage Reports

Immunization Coverage Report

ORGANIZATION: Imafake Clinic | SITE: Imafake Too Health Center

For Birth Dates Between 01/01/2000 and 01/01/2013 | Immunized As Of: 06/09/2015

Report Run On: 06/09/2015 16:58:11

Coverage Level: 4-3-1-3-3-1-4

Name	Birth Date	Responsible Person	Phone	Vaccines Overdue	Date Due
CRAKER, POLLY A	08/09/2009			DTP/aP Hep B MMR Polio	01/15/2015 12/15/2014 12/09/2010 01/15/2015
POPPY, LONGSTOCKINGS	08/03/2004			Hep B MMR	02/05/2005 12/03/2005
SOUP, FRENCH ONION	06/06/2011	VIRGINIA SOUP	(406)444-5555	DTP/aP	01/17/2015
SOUP, POLLET	12/12/2012	COLD SOUP		DTP/aP Hib Pneumococcal Polio	01/16/2015 08/01/2013 08/01/2013 07/12/2014

Immunization Coverage Report- Patient Listing

Responsible Persons and School Entry Forms

Populated by the Primary Responsible Person in a client record.

STATE OF MONTANA - CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I

PLEASE PRINT CLEARLY

Child/Student's Name SOUP, TOMATO, A	Birth Date 01/01/2009	Sex M	Primary Provider Imafake Clinic	Telephone Home:
Name of Parent/Guardian MICHAEL SOUP	Address 1459 Ave P 1/2		City State Zip Helena MT 59601	Work:

SECTION II

IMMUNIZATION HISTORY

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent)

Required Vaccines (CC=Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)	01/05/2010	03/11/2014	06/15/2014	CC/SR	SR
Booster Dose Td (Tdap recommended)	SR				
Haemophilus: Influenzae Type B (Hib) (Only children less than 5 years)	09/25/2014 [^]	CC	CC	CC	
Measles/Mumps/Rubella (MMR)	02/01/2011	SR			
or Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)	01/05/2010	03/01/2010	CC/SR	SR	
Varicella (Chickenpox) [VZV or VAR]	02/01/2011	2nd Dose Recommended			

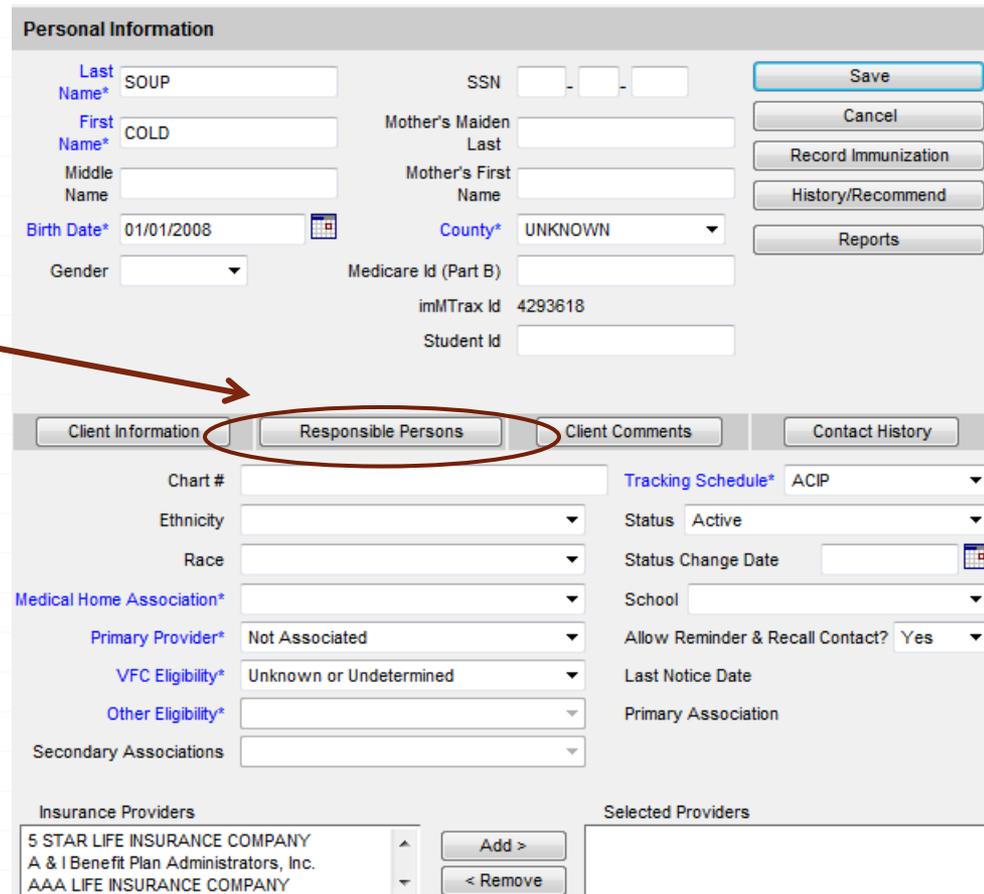
[] Check here if child has documentation of disease

([^] = Invalid Immunization, # = Tdap)

ACIP* Recommended Vaccines <small>*Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention</small>	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A					
Hepatitis B					

Creating and Saving a New Responsible Person

In your client's imMTrax record, select the *Responsible Persons* option



The screenshot shows the 'Personal Information' form in the imMTrax system. The 'Responsible Persons' tab is highlighted with a red oval and a red arrow pointing to it from the text on the left. The form contains the following fields and options:

- Personal Information Section:**
 - Last Name*: SOUP
 - First Name*: COLD
 - Middle Name: (empty)
 - Birth Date*: 01/01/2008
 - Gender: (dropdown)
 - SSN: (empty)
 - Mother's Maiden Last: (empty)
 - Mother's First Name: (empty)
 - County*: UNKNOWN
 - Medicare Id (Part B): (empty)
 - imMTrax Id: 4293618
 - Student Id: (empty)
- Navigation Buttons:** Save, Cancel, Record Immunization, History/Recommend, Reports
- Client Information Section:**
 - Chart #: (empty)
 - Ethnicity: (dropdown)
 - Race: (dropdown)
 - Medical Home Association*: (dropdown)
 - Primary Provider*: Not Associated
 - VFC Eligibility*: Unknown or Undetermined
 - Other Eligibility*: (dropdown)
 - Secondary Associations: (dropdown)
 - Tracking Schedule*: ACIP
 - Status: Active
 - Status Change Date: (calendar icon)
 - School: (dropdown)
 - Allow Reminder & Recall Contact?: Yes
 - Last Notice Date: (empty)
 - Primary Association: (empty)
- Insurance Providers Section:**
 - 5 STAR LIFE INSURANCE COMPANY
 - A & I Benefit Plan Administrators, Inc.
 - AAA LIFE INSURANCE COMPANY
 - Buttons: Add >, < Remove
- Selected Providers:** (empty)

Creating and Saving a New Responsible Person

Begin by searching for the Responsible Person you wish to add.

Enter the **complete** first and last name into the appropriate fields.

Click *Find*.

Personal Information

Last Name* SOUP SSN [] - [] - [] Save

First Name* COLD Mother's Maiden Last [] Cancel

Middle Name [] Mother's First Name [] Record Immunization

Birth Date* 01/01/2008 [] County* UNKNOWN ▾ History/Recommend

Gender ▾ Medicare Id (Part B) [] Reports

imMTrax Id 4293618

Student Id []

Client Information Responsible Persons Client Comments Contact History

Search Below for existing contacts in imMTrax
(hint: use ~~less data~~ to get more possible matches)

Last Name* Soup Telephone [] Find

First Name* Virginia Street Address []

Middle Name [] City []

State MONTANA ▾

Zip []

Creating and Saving a New Responsible Person

Outcome 1: No Matches Found

If no results were found, begin entering the information that corresponds with the responsible person you are adding.

The screenshot shows a web interface with four tabs: 'Client Information', 'Responsible Persons', 'Client Comments', and 'Contact History'. The 'Responsible Persons' tab is active, displaying a form for adding a new contact. The form is titled 'No Results or Results not Matching - Add NEW contact'. It contains the following fields and options:

- Last Name***: SOUP
- First Name**: VIRGINIA
- Middle Name**: (empty)
- Relationship***: Unknown (dropdown)
- E-Mail**: (empty)
- Telephone 1**: (empty)
- Extension 1**: (empty) Type 1: Business (dropdown)
- Telephone 2**: (empty)
- Extension 2**: (empty) Type 2: Business (dropdown)
- Street Address***: (empty)
- Other Address**: (empty)
- P.O. Box**: (empty)
- City***: (empty)
- State***: MONTANA (dropdown)
- Language**: (empty) (dropdown)
- Zip***: (empty) +4 (empty)
- County***: UNKNOWN (dropdown)
- Recall Notices?**:
- Primary?**:
- Preferred Method of Recall**: (empty) (dropdown)

Buttons: 'Add Person' and 'Search Again'.

Creating and Saving a New Responsible Person

Complete:

- Last Name
- First Name
- Relationship
- Street Address
- City
- Zip Code
- County
- State

Client Information Responsible Persons Client Comments Contact History

No Results or Results not Matching - Add NEW contact

Last Name*	SOUP	Street Address*	159 Kings Ave	Add Person
First Name	VIRGINIA	Other Address		
Middle Name		P.O. Box		
Relationship*	Mother	City*	Billings	
E-Mail		State*	MONTANA	Zip* 59103 +4
Telephone 1	406 444 5555	Language		County* YELLOWSTONE
Extension 1		Type 1	Business	Recall Notices? <input checked="" type="checkbox"/>
Telephone 2				Primary? <input checked="" type="checkbox"/>
Extension 2		Type 2	Business	Preferred Method of Recall Mail

Creating and Saving a New Responsible Person

Establish whether the Responsible Person should be designated as Primary (each client record should have one).

Client Information Responsible Persons Client Comments Contact History

No Results or Results not Matching - Add NEW contact

Last Name*	SOUP	Street Address*	159 Kings Ave	Add Person
First Name	VIRGINIA	Other Address		
Middle Name		P.O. Box		
Relationship*	Mother	City*	Billings	
E-Mail		State*	MONTANA	Zip* 59103 +4
Telephone 1	406 444 5555	Language		County* YELLOWSTONE
Extension 1		Type 1	Business	Recall Notices? <input checked="" type="checkbox"/>
Telephone 2				Primary? <input checked="" type="checkbox"/>
Extension 2		Type 2	Business	Preferred Method of Recall Mail

Creating and Saving a New Responsible Person

Client Information Responsible Persons Client Comments Contact History

No Results or Results not Matching - Add NEW contact

Last Name* SOUP Street Address* 159 Kings Ave Add Person
First Name VIRGINIA Other Address Search Again
Middle Name P.O. Box
Relationship* Mother City* Billings
E-Mail State* MONTANA Zip* 59103 +4
Telephone 1 406 444 5555 Language County* YELLOWSTONE
Extension 1 Type 1 Business
Telephone 2
Extension 2 Type 2 Business

Recall Notices?
Primary?
Preferred Method of Recall Mail

Should this person receive Reminder/Recall correspondence?

If checked, the Preferred Method of Recall must be selected and matching information be available in the Responsible Person information.

Preferred Method of Recall options include Mail, Phone, Email and Text.

Creating and Saving a New Responsible Person

Select *Add Person*.

Client Information Responsible Persons Client Comments Contact History

No Results or Results not Matching - Add NEW contact

Last Name* SOUP	Street Address* 159 Kings Ave	Add Person Search Again
First Name VIRGINIA	Other Address	
Middle Name	P.O. Box	
Relationship* Mother	City* Billings	
E-Mail	State* MONTANA	Zip* 59103 +4
Telephone 1 406 444 5555	Language	County* YELLOWSTONE
Extension 1 Type 1 Business	Recall Notices? <input checked="" type="checkbox"/>	
Telephone 2	Primary? <input checked="" type="checkbox"/>	
Extension 2 Type 2 Business	Preferred Method of Recall Mail	

Creating and Saving a New Responsible Person

Review
your entries
and select
Save.

Personal Information

Last Name* SOUP SSN [] - [] - [] **Save**
First Name* COLD Mother's Maiden Last [] [] [] Cancel
Middle Name [] Mother's First Name [] Record Immunization
Birth Date* 01/01/2008 County* UNKNOWN History/Recommend
Gender [] Medicare Id (Part B) [] Reports
imMTrax Id 4293618
Student Id []

Client Information Responsible Persons Client Comments Contact History

Responsible Persons Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary	
<input checked="" type="radio"/>	SOUP	VIRGINIA	MTH	Billings	Y	Y	New Person Delete

Details for Responsible Person: VIRGINIA SOUP (Last Updated:) 1 of 1

Last Name* SOUP Street Address* 159 Kings Ave
First Name VIRGINIA Other Address []
Middle Name [] P.O. Box []
Relationship* Mother City* Billings
E-Mail [] State* MONTANA Zip* 59103 +4 []
Telephone 1 406 444 5555 Language [] County* YELLOWSTONE
Extension 1 [] Type 1 Business Recall Notices?
Telephone 2 [] Primary?
Extension 2 [] Type 2 Business Preferred Method of Recall Mail

Creating and Saving a New Responsible Person

Outcome 2: Possible Matches Found

Client Information Responsible Persons Client Comments Contact History

Please select either the correct person below or complete the available fields and select 'Add Person'. Possible Matches 1

Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Last Name	First Name	Middle Name	Street Address	City	State	Zip	Telephone
SOUP	VIRGINIA		159 Kings Ave	Billings	MT	59103	4445555

No Results or Results not Matching - Add NEW contact

Last Name* Street
Address*

First Name Other
Address

Middle Name P.O. Box

Relationship* City*

E-Mail State* Zip* +4

Telephone 1 Language

County*

Extension 1 Type 1

Recall Notices?

Telephone 2

Primary?

Extension 2 Type 2

Preferred Method of Recall



No Match?

Proceed with entering your information to add the new Responsible Person.

Creating and Saving a New Responsible Person

Match?

Select the blue hyperlinked last name of the person you want to add to the client record.

Client Information Responsible Persons Client Comments Contact History

Please select either the correct person below or complete the available fields and select 'Add Person'. Possible Matches 1

Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Last Name	First Name	Middle Name	Street Address	City	State	Zip	Telephone
SOUP	VIRGINIA		159 Kings Ave	Billings	MT	59103	4445555

No Results or Results not Matching - Add NEW contact

Last Name* Street Address*

First Name Other Address

Middle Name P.O. Box

Relationship* City*

E-Mail State* Zip* +4

Telephone 1 Language

County*

Extension 1 Type 1

Recall Notices?

Telephone 2

Primary?

Extension 2 Type 2

Preferred Method of Recall

Creating and Saving a New Responsible Person

Review your selection and make changes as applicable.

Click *Save*.

Personal Information

Last Name* SOUP SSN [] - [] - [] **Save**
First Name* FRENCH Mother's Maiden Last NOT APPLICABLE Cancel
Middle Name ONION Mother's First Name POTATO Record Immunization
Birth Date* 06/06/2011 County* LEWIS & CLARK History/Recommend
Gender MALE Medicare Id (Part B) Reports
imMTrax Id 4269047
Student Id

Client Information Responsible Persons Client Comments Contact History

Responsible Persons Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary	
<input checked="" type="radio"/>	SOUP	VIRGINIA	UNK	Billings	Y	Y	New Person Delete

Details for Responsible Person: VIRGINIA SOUP (Last Updated: 05/06/2014) 1 of 1

Last Name* SOUP Street Address* 159 Kings Ave
First Name VIRGINIA Other Address
Middle Name P.O. Box
Relationship* Unknown City* Billings
E-Mail State* MONTANA Zip* 59103 +4
Telephone 1 406 444 5555 Language County* YELLOWSTONE
Extension 1 Type 1 Business Recall Notices?
Telephone 2 406 444 5555 Primary?
Extension 2 Type 2 Business Preferred Method of Recall Mail

Updating and Managing Responsible Persons

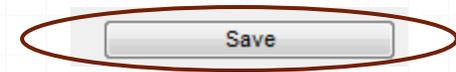
**Once a Responsible Person is added
into a client record, it is not removed
or updated unless by a user!**

Updating and Managing Responsible Persons

Updating a Responsible Person's information in a client record will update any other imMTrax record with that Responsible Person correctly attached.

Deleting a Responsible Person from a client record will only remove the Responsible Person from that record.

Updating and Managing Responsible Persons



Making changes to existing Responsible Persons

Client Information Responsible Persons Client Comments Contact History

Responsible Persons Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary	
<input checked="" type="radio"/>	SOUP	MILD	GRP	Miles City	N	N	New Person Delete
<input type="radio"/>	SOUP	VIRGINIA	UNK	Billings	Y	Y	

Details for Responsible Person: MILD SOUP (Last Updated: 05/06/2014) 1 of 2

Last Name* SOUP Street Address* 12345 Planet St
First Name MILD Other Address
Middle Name P.O. Box
Relationship* Grandparent City* Miles City
E-Mail State* MONTANA Zip* 59301 +4
Telephone 1 Language County* CUSTER
Extension 1 Type 1 Business Recall Notices?
Telephone 2 Primary?
Extension 2 Type 2 Business Preferred Method of Recall

Next
Previous

→
Select the Responsible Person to be edited.

←
Delete the selected Responsible Person or make any edits needed.

Montana Department of Health
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Division

Immunization Program

Questions?

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