Department of Public Health and Human Services

Public Health & Safety Division ♦ Communicable Disease Control & Prevention Bureau

Immunization Program ♦ PO Box 202951 ♦ 1400 Broadway ♦ Helena, MT 59602-2951

Phone: (406) 444-5580 ♦ Fax: (406) 444-2920

Steve Bullock, Governor

Richard H. Opper, Director

imMTrax Read Only with Consent User Role

Memorandum of Understanding

An *imMTrax* User role has been created to allow for authorized USERS to obtain and document consent in client records.

This additional role is to be used for the purposes of:

a) Documenting consent in imMTrax
b) Viewing and printing client immunization records

I, _____, agree to and understand my use and responsibility in the role of documenting consent and of viewing and printing client records and I have viewed and understand the training materials for the *Read Only with Consent* role located at www.dphhs.mt.gov/immtrax.

Signature _____ Date _____

Site/Organization _____

Fax completed forms to DPHHS Immunization Program at (406) 444-2920