



NOVEMBER 2017



# imMTrax Consent Q & A

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Highlights and goals for today's discussion:

- ✓ To provide attendees with an overview of imMTrax consent and the role it plays in Montana.
- ✓ To provide a response to Frequently Asked Questions.
- ✓ To allow attendees to ask questions or provide scenarios in which the role consent plays is unclear.

*We will do our best to address all questions or scenarios presented. If no response can be provided during the Q & A, we will discuss internally and respond via email at a later date.*

# imMTrax Consent Overview



As a public health entity, DPHHS and the Immunization Program can collect and store public health information in imMTrax, including immunization and demographic data.

The State of Montana requires consent be obtained in order to release that information from imMTrax to another party (i.e. healthcare provider, public health, school personnel).

# imMTrax Consent Overview



Montana Code Annotated 2017

TITLE 50. HEALTH AND SAFETY

CHAPTER 16. HEALTH CARE INFORMATION

Part 6. Government Health Care Information

Confidentiality Of Health Care Information

50-16-603. Confidentiality of health care information. Health care information in the possession of the department, a local board, a local health officer, or the entity's authorized representatives may not be released except:

...

(2) when the health care information pertains to a person who has given written consent to the release and has specified the type of information to be released and the person or entity to whom it may be released;

...

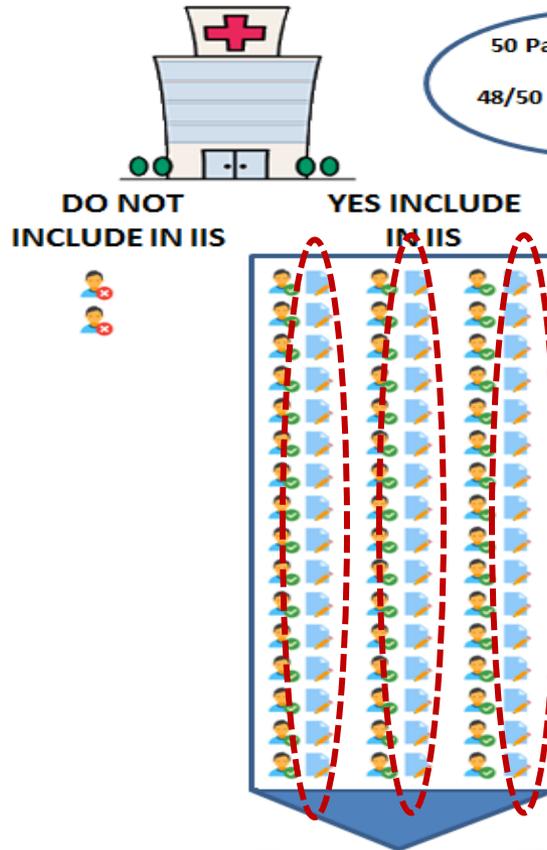
[http://leg.mt.gov/bills/mca/title\\_0500/chapter\\_0160/part\\_0060/section\\_0030/0500-0160-0060-0030.html](http://leg.mt.gov/bills/mca/title_0500/chapter_0160/part_0060/section_0030/0500-0160-0060-0030.html)

# Immunization Information System (IIS)

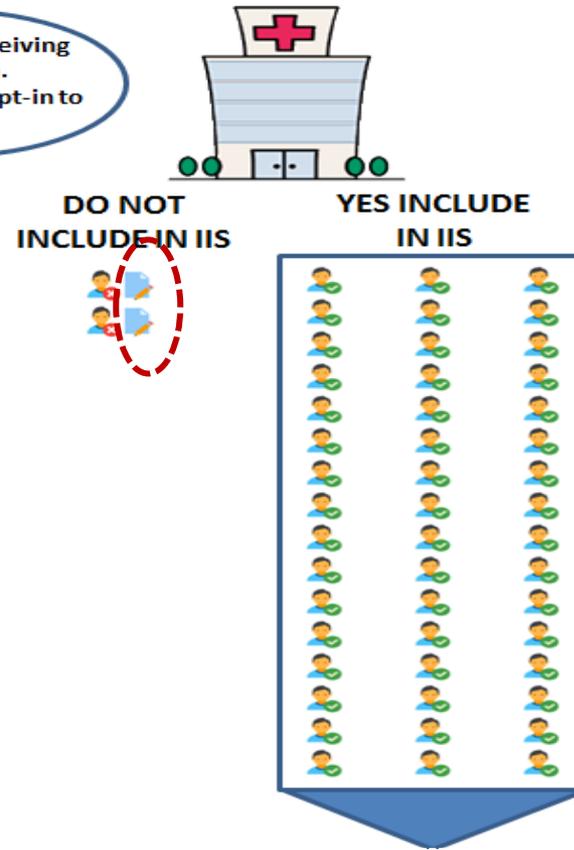
## Opt – In vs. Opt – Out Consent Models

Montana is one of only three states that use an opt-in rather than an opt-out consent model. An opt-out model reduces the administrative burden for healthcare providers, public health agencies, and school administrations while still allowing for personal or parental choice regarding participation in imMTrax.

### Opt – In Consent Collection



### Opt – Out Consent Collection



# What does that mean for the Immunization Program?



## imMTrax Functionality

Org: Who Let the Dogs Out Clinic • Site: Wh

**Client Search Criteria**

*Last Name\**

*First Name\**

*Birth Date\**

Mother's First Name

Mother's Maiden Last

Medical Home Association

\* Fields displayed in *italics* are required for adding new patients.

imMTrax ID

**Caution!!**  
Consent has not been documented for this client!!  
To comply with HIPAA and state confidentiality laws please ensure consent is obtained prior to changing status.

Possible Matches: 3

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	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
<a href="#">BERNESE</a>	SAINT	PUPPY	6949459	02/02/2002		PRINCESS	BERNARD	M
<a href="#">LAB</a>	GOLDEN	PUPPY	6972783	10/01/2017			LABBY	F
Consent has not been documented for the above client, please click on the client name to update the consent status. <a href="#">Consent Form</a>								
<a href="#">SHEPARD</a>	GERMAN	P	7027332	01/01/2007		MAMA	HUSKY	F

# What does that mean for the Immunization Program?



## Electronic Data Exchange

An organization choosing to send immunization information electronically should have a system capable of collecting and/or sending consent status.

Learning provided by:

Patient agrees (consents) to have vaccine documentation sent to the state registry?



Consent Not Given

**Consent Given**

# What does that mean for the Immunization Program?



## Consent Forms

### imMTrax Consent Forms – Adults and Children



#### imMTrax Consent Form for Children

Child's Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_\_\_

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Revised 10/2017

Link to imMTrax Consent Forms:

<http://dphhs.mt.gov/Portals/85/publichealth/documents/Immunization/imMTrax/combinedimmtraxconsentadultchildren.pdf>

# imMTrax Consent Forms



Sites may utilize their own consent forms. In order for patients/guardians to have the opportunity to fully understand imMTrax consent, we provide the following as basic guidelines for creating a comprehensive consent form:

- Agree to have information entered/sent to imMTrax
- Agree to have information accessed/extracted by another participating party (i.e. healthcare provider, public health, school personnel, etc)
- Stated ability to withdraw consent at any time
- Consent is specific to imMTrax and not part of any other consent agreement

# How does imMTrax Consent affect me?



The ways in which imMTrax is used around Montana varies, so it depends:

- How do you use imMTrax?
- What access permissions to you have?
- How do others at your location use imMTrax?
- If you enter immunization information- how does is entered? Manually or via electronic transfer?
- How is your location collecting imMTrax consent?

# imMTrax Consent Q & A



**Q: Can we obtain consent verbally from a patient, parent, or guardian?**

**A:** Montana DPHHS does not recommend or support the use of verbal imMTrax consent collection.

Montana recommends the use of paper or electronic imMTrax consent forms or modules. Whatever the method, they should allow, by their own action, the patient or parent/guardian to accept or decline to participate in imMTrax by signing in some auditable way.

# imMTrax Consent Q & A



**Q:** Does the Montana Immunization Program collect and retain imMTrax consent forms.

**A:** No. Collection and retention of consent forms is the responsibility of the location obtaining consent.

# imMTrax Consent Q & A



**Q:** How long does our location need to retain consent documentation.

**A:** Montana DPHHS provides no guidelines for the retention of consent documentation and defers to the locations internal protocols for retention.

# imMTrax Consent Q & A



Q: Is consent required per person or per immunization.

A: Per person.

# imMTrax Consent Q & A



**Q:** We have a new patient in our clinic. They were previously seen by another Montana practice and have a consented record in imMTrax. Does our clinic need to obtain consent again?

**A:** Montana DPHHS recommends as a best practice each immunization provider to obtain sufficient consent documentation on all patients.

# imMTrax Consent Q & A



**Q: Is a consent form required to look up a record in imMTrax?**

**A:** No- If the record is accessible to all users in imMTrax, consent for the record to be looked up and accessed has already been given. If the record is not accessible by all users (Consent Undetermined or Denied), consent must be obtained and updated in order to access the record.

A core feature of imMTrax consent is permission given to have authorized users/entities access immunization records (such as a school or new healthcare provider).

# imMTrax Consent Q & A



**Q:** We have consent on file for our patient, however there has been a change in guardianship (or who may sign for patient consent). Do we need to get consent again?

**A:** Montana DPHHS recommends as a best practice consent be updated when a change in guardian or signee is identified.

# imMTrax Consent Q & A



**Q:** I provided our new patient with a consent form and they declined. What now?

**A:** If a patient declines to participate in imMTrax, their wishes should be honored. You will need to understand how your location uses imMTrax to know the next steps.

# imMTrax Consent Q & A



**Q:** I provided our new patient with a consent form and they declined. They have a record in imMTrax that has consent. Do I have to update it to “Consent Denied”.

**A:** No. A patient may see many healthcare providers over their lifetime. It is possible patients will consent to one provider and not to another. Your responsibility is to ensure that you and your location are honoring their decision not to participate in imMTrax from that point forward and in line with how your location uses imMTrax.

# imMTrax Consent Q & A



**Q:** I provided our new patient with a consent form and they declined. They said they had agreed previously, when at another location and have now changed their mind. They have a consented record in imMTrax. Do I have to update it to “Consent Denied”.

**A:** Yes. All persons have the right to withdraw consent to participate in imMTrax. If the user does not have permissions allowing consent to be updated, they should reach out to another user at their location with higher access or a local public health entity.

# imMTrax Consent Q & A



**Q:** I provided our new patient with a consent form and they declined. They know they have a record in imMTrax already and have stated they don't want their information in the system at all. What now?

**A:** Contact the Montana Immunization Program at (406) 444-5580 to submit a request.

# imMTrax Consent Q & A



**Q:** We have patients with a consent status of undetermined, but they show on my immunization coverage report. Is this an error?

**A:** No error has occurred. imMTrax functionality allows for the insertion of a record as consent undetermined and a Primary or Secondary Medical Home Association and is then eligible for inclusion on a coverage report or extract.

In order for the a user to access the record once inserted, consent must be updated at that time.

# imMTrax Consent Q & A



**Q: Why can the undetermined patient's be included on my coverage report?**

**A:** The patient record may be inserted with both a Primary or Secondary Medical Home Association and a consent status of Undetermined. The inserting provider site is at that time for all intents and purposes the sole owner of the record and the immunization data it contains.

Since they own the data, it has been decided they can be included in immunization coverage assessment for that provider site.

# imMTrax Consent Q & A



**Q:** What are the main reasons records are in imMTrax as consent undetermined with a Medical Home Association?

**A:** Certain information was transferred from past versions of imMTrax as consent undetermined and retained a Medical Home Association. If still in imMTrax, the record has yet to be accessed/updated.

In fairly rare instances, providers send electronic information with consent undetermined. It can be held in imMTrax, and even added to, until a time anyone attempts to access the information.

# imMTrax Consent Q & A



**Q:** We have patients with a consent status of undetermined, will they be included in our Reminder/Recall?

**A:** No. Only client records that are consent = YES are eligible for inclusion in Reminder/Recall.

# imMTrax Consent Q & A



Michelle Funchess  
[mfunchess@mt.gov](mailto:mfunchess@mt.gov)  
(406) 444-2969

