READ ONLY WITH CONSENT

imMTrax User Role Training

Montana Immunization Program

Last revised 12/2018
Housekeeping

All participants are muted upon entering the presentation. Please do not put the line on hold.

To ask a question:
1. Send the host a message through the “Chat” function.
Montana has a voluntary inclusion or “opt-in” policy requiring client consent for imMTrax participation. Consent may be obtained in writing.

Changing client consent without authorization is in violation state confidentiality laws.

When obtaining consent from a client, DPHHS recommends using the language in the IIS consent form available on the Immunization Program’s imMTrax website http://dphhs.mt.gov/publichealth/imMTrax/imMTraxForms.

**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
imMTrax and Client Consent

Resources

Resources for All imMTrax Users

- Instructions for adding an OPV in imMTrax
- Medical Home Association Guide
- imMTrax Record Guide
- Sample Brochure - imMTrax and My Child
- Sample Brochure - imMTrax and My Teen
- NEW* imMTrax Consent Q and A (November 2017)
- NEW* imMTrax Consent FAQs
- NEW* Short Answers to FAQs about imMTrax
- NEW* Tips for Talking with Patients and Their Families about imMTrax
- UPDATED imMTrax Forecasting: Known Limitations and Issues

External Links

- CDC Immunization Information Systems
- State Immunization Information System (IIS) Directory
- AIRA (American Immunization Registry Association)
- Every Child by Two
- Immunization Action Coalition

http://dphhs.mt.gov/publichealth/imMTrax/imMTraxResources
imMTrax Homepage,
Read Only With Consent

- Announcements: review with each imMTrax login
- Available Functions
- imMTrax User Guide
- Organization, Site and User
- On-demand Resources

imMTrax User Guide
Accessible Features, Read Only With Consent

- View client immunization records
- Search page
- Print client immunization records and reports
- Document client consent

Read Only access roles do not include the ability to enter or edit immunization information.
Consent must be documented in imMTrax before the record is available. Once consent is obtained, the client’s consent status must be changed using search option.
### Demographics

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>MINT</td>
</tr>
<tr>
<td>Middle Name</td>
<td>ICECREAM</td>
</tr>
<tr>
<td>Last Name</td>
<td>ICAY</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>08/06/2012</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
</tr>
<tr>
<td>Race</td>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>Birthplace</td>
<td>HELENA, MT</td>
</tr>
<tr>
<td>Phone Number</td>
<td>406-499-4999</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:lewis541@public.com">lewis541@public.com</a></td>
</tr>
<tr>
<td>Address 1</td>
<td>17345 CANDY LANE</td>
</tr>
<tr>
<td>City</td>
<td>HELENA</td>
</tr>
<tr>
<td>State</td>
<td>MT</td>
</tr>
<tr>
<td>Country/Parish</td>
<td>LEWIS AND CLARK</td>
</tr>
</tbody>
</table>

### Summary

#### Patient Information
- **Name**: MINT ICECREAM
- **Date of Birth**: 08/06/2012
- **Biological Father**: CHOCOLATE
- **BIBS Patient ID**: 5571
- **Age**: 332 weeks, 76 months, 6 yrs
- **Status**: Active

#### Vaccination Summary

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Doses</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTA/DT/PT/IG</td>
<td>10/03/2013</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>06/06/2013</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Hep A</td>
<td>06/06/2014</td>
<td>25 months</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>08/06/2013</td>
<td>12 months</td>
<td></td>
</tr>
</tbody>
</table>

#### Invalid Vaccinations

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella</td>
<td>08/28/2013</td>
<td>Live vaccines not administered on same date must be separated by 26 days.</td>
</tr>
<tr>
<td></td>
<td>08/28/2013</td>
<td>Live vaccines not administered on same date must be separated by 26 days.</td>
</tr>
</tbody>
</table>
Occasionally, a previous immunization may be shown with the designation **NOT VALID**. Selecting the Date Administered of the **NOT VALID** immunization will open the Vaccination Detail page.
Vaccination Detail, Read Only With Consent

Additional information about the vaccination, including the invalid vaccination reason is list

Select Cancel to return back to Summary
Consent Denied or Undetermined, Read Only With Consent

Consent forms also available at: http://dphhs.mt.gov/publichealth/imMTrax
Manage Client, Read Only With Consent

Consent Not Documented or Denied
Clicking on patient name whose consent status has not been documented or denied will cause a pop-up box to appear. The available options are Ok or Cancel.

If the client was selected in error and consent remains undetermined, close the pop-up box by selecting the “X” in the top right corner.
After selecting OK, imMTrax will open the demographic portion of the record.

The user must then update client consent. Click edit and then move the radio button to change client consent. Click Yes and then select Save.
Reports, Read Only With Consent

Choose and select a report to view or print

Once you select Create Report, report opens in new tab

If “Do Not Include Confidential Information” is selected, address and phone number will be omitted
If consent is undetermined or no, the school form will be gray and the form will not download.
### Sample Immunization Record Report

**Patient Vaccination Record**

**Organization (Rom):** ABCD
**Facility:** KDK CLUB
**Date:** December 21, 2016
**Patient ID:** 47
**Name:** TEST TESTING
**Birth Date:** 01/01/2001
**Sex:** FEMALE
**Physician:**
**Medicaid No.:**
**Guardian:**

<table>
<thead>
<tr>
<th>Vaccine Family</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>06/06/2018</td>
<td>06/05/2018</td>
<td>06/04/2018</td>
<td>06/03/2018</td>
</tr>
<tr>
<td></td>
<td>17 years</td>
<td>17 years</td>
<td>17 years</td>
<td>17 years</td>
</tr>
</tbody>
</table>

**Next Vaccine Due:** HBIV-2 3 DOSE  **Recommended Due Date:** 01/01/2001

Signature of physician or authorized representative of health agency.

### Sample All Recorded Vaccinations Report

**Patient Vaccination Record**

**Organization (Rom):** ABCD
**Facility:** KDK CLUB
**Date:** December 21, 2016
**Patient ID:** 47
**Name:** TEST TESTING
**Birth Date:** 01/01/2001
**Sex:** FEMALE
**Physician:**
**Medicaid No.:**
**Guardian:**

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>06/06/2018</td>
<td>06/05/2018</td>
<td>06/04/2018</td>
<td>06/03/2018</td>
</tr>
</tbody>
</table>

**Next Vaccine Due:** HBIV-2 3 DOSE  **Recommended Due Date:** 01/01/2001

Signature of physician or authorized representative of health agency.
## Sample All Recorded Immunizations (Option 2) Report

**Patient Vaccination Record (option 2)**

All Recorded Vaccinations (option 2)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Date</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>1</td>
<td>06/05/2019</td>
<td>17y</td>
</tr>
<tr>
<td>MMR</td>
<td>2</td>
<td>08/10/2018</td>
<td>17y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPB 3 DOSE</td>
<td>01/01/2001</td>
</tr>
<tr>
<td>POLIO</td>
<td>03/01/2001</td>
</tr>
<tr>
<td>FLU</td>
<td>07/01/2001</td>
</tr>
<tr>
<td>HEP-A</td>
<td>04/01/2002</td>
</tr>
<tr>
<td>Tdap</td>
<td>01/01/2008</td>
</tr>
<tr>
<td>HPV</td>
<td>01/01/2012</td>
</tr>
<tr>
<td>MENINGOCOCCAL</td>
<td>01/01/2012</td>
</tr>
<tr>
<td>MENINGOCOCCAL B, RECOMBINANT</td>
<td>01/01/2017</td>
</tr>
<tr>
<td>MMR</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>VARICELLA</td>
<td>09/07/2016</td>
</tr>
</tbody>
</table>

Signature of physician or authorized representative of health agency.
Questions?

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