



imMTrax Immunization Information System (IIS) Single User Memorandum of Agreement

imMTrax, Montana’s Immunization Information System (IIS), is a free program administered by the Montana Department of Public Health and Human Services (DPHHS) containing immunization records for participating Montanans of all ages. imMTrax brings together multiple immunization records from Montana healthcare providers (public and private) and parental “shot cards” to form **one complete, electronically preserved record**. By sharing immunization records for mutual patients, imMTrax assists health professionals in making appropriate immunization decisions and ensuring Montanans are immunized on time, every time.

imMTrax was created with the understanding that patient confidentiality is paramount and must be protected. imMTrax has several built-in security features to ensure patient confidentiality. imMTrax uses data encryption for all data going to and from the IIS and is compliant with Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards.

To apply for imMTrax access, a completed *Non-DPHHS Employee System/File Access Request* form and *Single User Memorandum of Agreement* is required for each individual user and must be approved by IIS staff. Additional requirements vary by access level and can be viewed on the DPHHS Immunization Program’s imMTrax website, www.dphhs.mt.gov/publichealth/immtrax.aspx. For questions regarding appropriate access levels for individual imMTrax users, contact the Montana Immunization Program at (406) 444-5580.

In order to access all aspects of the imMTrax system, users must have access to a computer with an internet connection and a document viewer equivalent to Adobe Reader® version 6.0 or higher.

Montana has a voluntary inclusion or “opt-in” policy requiring client or guardian consent for imMTrax participation. Changing client consent without authorization is in violation of HIPAA and state confidentiality laws. When obtaining consent, the Montana Immunization Program recommends using the language in the *IIS Consent Form* available on the DPHHS Immunization Program’s imMTrax website.

Some users may have direct access to school records. Per the Family Educational Rights and Privacy Act (FERPA), data from school records should **not** be entered into imMTrax **without explicit written permission from a parent/guardian**.

As a requirement for imMTrax use, I accept the following conditions:

- I will safeguard my imMTrax access privileges and password by not permitting their use by any other person.
- I, or my employer, will notify the Montana Immunization Program if I discontinue employment, am terminated, or no longer need access to imMTrax.
- I will not access imMTrax for any use outside those required to provide immunization services or activities.
- I will ensure that consent to participate in imMTrax is established or obtained prior to accessing a client record.
- I will allow clients the option to not include their information into imMTrax without penalty.
- I will handle information or documents obtained through imMTrax in a confidential manner and in accordance with Montana law (Uniform Health Care Information Act, MCA 50-16, Part 5) and the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I have read, understand and accept the terms outlined in the above *Memorandum of Agreement*. I understand that any violation of these provisions may result in termination of access privileges.

Signature

Date

Printed Name, Title

Facility/Employer Name