



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



imMTrax Usage

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**. *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. For questions regarding appropriate access levels for individual *imMTrax* users, contact the Montana Immunization Program at (406) 444-5580.

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*. IIS staff have the authority to inactivate *imMTrax* user accounts that have not been accessed in over six months.
- I will not access *imMTrax* for any use outside those required to provide immunization services or activities.
- I will allow patients the option, without penalty, to have their information excluded from entry into *imMTrax*.
- 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).

imMTrax Consent

Montana has a voluntary inclusion or “opt-in” policy requiring client or guardian consent for immunizations to be accessible in *imMTrax*. Changing client consent without authorization is in violation of state confidentiality rules. When obtaining consent, the Montana Immunization Program recommends using the language in the IIS Consent Form available on the Montana Immunization Program’s *imMTrax* website. The consent forms, as well as additional information and guidance can be found at: <https://dphhs.mt.gov/publichealth/imMTrax.aspx>.

As a requirement for *imMTrax* access, I acknowledge:

- I will ensure that consent to participate in *imMTrax* is collected and updated appropriately.
- 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.

*Print name & Title: _____

*Signature: _____

*Facility/Employer Name: _____

*Date: _____