

## Montana Infectious Disease Information System (MIDIS) Memorandum of Agreement

The Montana Infectious Disease Information System (MIDIS) is a secure internet-based surveillance system developed by the Centers for Disease Control and Prevention (CDC) and used by the Montana Department of Public Health and Human Services (DPHHS) since 2007. This central location of data allows for effective management of disease investigations and is valuable in planning and implementing public health control measures. MIDIS is also used to report communicable diseases to the CDC, and serves as a repository for state communicable disease data at local and state levels. MIDIS also receives electronic laboratory results (ELR) from select laboratories which allows the state and local health departments to view results in a timely manner.

In addition to managing cases of reportable disease, local agencies use MIDIS to manage and report cases to DPHHS. Use requires a computer with internet connection, Internet Explorer<sup>®</sup> and Microsoft Excel<sup>®</sup>. A keyfob (a small hardware device providing a personalized ID and passcode) is provided to each user for secure access to the system.

To apply for MIDIS access, complete the enclosed Non-DPHHS Employee System/File Access Request (OM300) form and this MIDIS agreement. Once a completed signed and dated access request form and agreement are received, DPHHS staff will process the application. Upon receiving access to MIDIS, a secure keyfob will be sent to the applicant.

Please review and sign to acknowledge the following:

As a requirement for MIDIS participation, I accept the following conditions:

- ☑ I will consult with DPHHS to determine which jurisdiction and access level are appropriate for my use.
- ☑ I will complete, sign and return the *Non-DPHHS Employee System/File Access Request* to DPHHS to obtain a MIDIS login ID.
- ☑ I will safeguard my MIDIS access privileges (and passcode) by not permitting their use by any other person.

- ☑ I, or my employer, will maintain the confidentiality and security of MIDIS information by notifying DPHHS if I discontinue employment, am terminated, or no longer need access to the registry. The keyfob will be promptly returned to DPHHS.
- ☑ I will not access MIDIS for any use outside those required to enter or maintain a communicable disease report, view ELR and/or run reports for analysis.
- I will handle information or documents obtained through MIDIS in a confidential manner and in accordance with Montana law (Government Healthcare Information Act, 50-16-603, MCA).

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 and/or recommendation for prosecution for non-compliance with state and federal confidentiality provisions.

Signature	Date	Supervisor Signature	Date
Printed Name & Title		Supervisor Printed Name & Title	
Business Address			
County			
DPHHS Representative / Title		Date	

*Please fax the completed form to the DPHHS Communicable Disease Epidemiology Program: 1-800-616-7460*