



Mississippi Immunization Information eXchange (MIIX) – USER AGREEMENT

To participate in the Mississippi Immunization Information eXchange (MIIX)

Please complete the following information for all staff within your agency or practice which will need access to MS Immunization Information eXchange (MIIX). A user ID and Password will be assigned to each user by the MIIX Registry Team. Complete, sign and return this form to the MSDH Immunization Program to the attention of the Registry Coordinator.

By signing below, each user acknowledges the following:

- He/she agrees to abide by the MS Immunization Information eXchange Registry User Agreement Policy by only sharing the information provided with those parties requesting immunization records.
- Information contained can only be used for those purposes outlined in the agreement policy
- Each user is responsible for the safeguard of his/her User ID and Password.
- User IDs and/or Passwords must not be given to any unauthorized user.
- User IDs and Passwords should not be posted in a public area.

Clinic/Facility or School Name: _____

Contact Person(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax: _____

Email Address: _____

All user names will follow the “first name.last name” format (Ex. Jane. Doe). The initial password will be “welcome 1”. All users will be prompted to immediately change/create their individual passwords. Please check only one access level per person.

List all employees requesting registry user access:

1.	First Name <i>(print)</i>	Last Name <i>(print)</i>	Position/Title <i>(print)</i>	Signature
	E-mail:		Access Level <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only	
2.	First Name <i>(print)</i>	Last Name <i>(print)</i>	Position/Title <i>(print)</i>	Signature
	E-mail:		Access Level <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only	
3.	First Name <i>(print)</i>	Last Name <i>(print)</i>	Position/Title <i>(print)</i>	Signature
	E-mail:		Access Level <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only	
4.	First Name <i>(print)</i>	Last Name <i>(print)</i>	Position/Title <i>(print)</i>	Signature
	E-mail:		Access Level <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only	
5.	First Name <i>(print)</i>	Last Name <i>(print)</i>	Position/Title <i>(print)</i>	Signature
	E-mail:		Access Level <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only	

6.	First Name <i>(print)</i>	Last name <i>(print)</i>	Position/Title <i>(print)</i>	Signature
	E-mail:		Access Level <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only	
7.	First Name <i>(print)</i>	Last name <i>(print)</i>	Position/Title <i>(print)</i>	Signature
	E-mail:		Access Level <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only	
8.	First Name <i>(print)</i>	Last name <i>(print)</i>	Position/Title <i>(print)</i>	Signature
	E-mail:		Access Level <input type="checkbox"/> Data Entry <input type="checkbox"/> Read only	

As a condition of participating in MIIX the above Clinic/Facility or School enters into this agreement with the Mississippi State Department of Health, and agrees to the following:

- ◆ To use MIIX only for the immunization needs of patients. The Clinic/Facility or School and its personnel will access the immunization information system only when needed to assure adequate immunization of a patient, to avoid unnecessary immunizations, to confirm compliance with mandatory immunization requirements, and to control disease outbreaks.
- ◆ All Clinic/Facility or School personnel that will use MIIX must be assigned User IDs and Passwords by the MIIX Team, and must sign the MIIX “User Agreement.” The Clinic/Facility or School is responsible for returning the completed and signed User Agreement to the Immunization Program office. When an authorized user leaves this Clinic/Facility or School, the Clinic/Facility Manager, School Administrator or designee must fax the Remove User form to the MIIX program office within three days of that employee’s last day of employment.
- ◆ If the Clinic/Facility or School and/or its personnel violate this agreement or use the system in an unauthorized manner, the Mississippi State Department of Health reserves the right to terminate access to the system.
- ◆ The Clinic/Facility or School shall adhere to the requirements in the “MIIX Confidentiality Policy.” The Clinic/Facility or School agrees that it must safeguard its User IDs and Passwords against use other than allowed by this agreement.
- ◆ The Clinic/Facility or School understands that unauthorized disclosure of confidential information may result in legal penalties. The Clinic/Facility or School is responsible for the actions of its staff regarding the confidentiality of information contained in the immunization information system. The Clinic/Facility or School shall require each staff user to sign a MIIX “User Agreement” and keep it on file.
- ◆ The Clinic/Facility or School agrees to furnish MIIX specified demographic and immunization information about patients receiving immunizations. The Clinic/Facility or School shall submit information to MIIX promptly, striving for submission within (10) days after the date the vaccine was administered.

Signing this form signifies agreement to be a participating Clinic/Facility or School and a MIIX authorized user. Please sign, keep a copy for yourself, and return the original to the Immunization Program.

Signature of Clinic/Facility Manager/ Administrator/Authorized Designee

Date

Signature of MIIX Authorized Representative

Date

Signature of MIIX Registry Coordinator

Date

This completed form may be faxed to (601) 576-7468 or 1 (800) 634-9204

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