

NEW JERSEY DEPARTMENT OF HEALTH

USER CONFIDENTIALITY STATEMENT FOR ACCESS TO THE NEW JERSEY IMMUNIZATION INFORMATION SYSTEM

The New Jersey Immunization Information System (NJIS Registry) is a Statewide automated and electronic immunization registry and the single repository of immunization records in the State. N.J.S.A. 26:4-131 et seq. authorizes the Department of Health to operate an immunization information system and allows authorized users to exchange information electronically. The information in the NJIS Registry is confidential personal preventive health information and other demographic information. The purposes of the NJIS are to coordinate and promote effective and cost-efficient disease screening, prevention, and control efforts throughout the State; provide access to a registrant's immunization and preventive health screening information to promote health maintenance; provide a mechanism to facilitate notice to registrants of an upcoming or overdue vaccination; and assist in identifying registrants that require immediate vaccination in the event of a vaccine preventable disease outbreak or other health emergency. Access to the NJIS Registry shall be limited to authorized users who sign the user confidentiality agreement.

USER CONFIDENTIALITY AGREEMENT

I have read and understood the User Confidentiality Statement and the obligations and responsibilities listed below. I agree that:

1. I shall keep strictly confidential all information, in any format, that I receive or have access to as an authorized user of the NJIS Registry.
2. I understand I am authorized access to the NJIS Registry at the following level and agree to keep my password secure and will not permit use of my access privileges or password by any other person or entity:

<input type="checkbox"/> General Reader Access	<input type="checkbox"/> School/College General Reader Access
<input type="checkbox"/> General User Access	<input type="checkbox"/> School/College General User Access
<input type="checkbox"/> Site Manager Access	<input type="checkbox"/> VFC Data Entry Only
3. I will only access the NJIS Registry to access or submit information and to generate documentation in the official course of my duties and responsibilities.
4. I agree that I shall strive to provide timely, accurate and complete data into the NJIS Registry.
5. I will not divulge, disclose, use, transfer, copy, remove, or otherwise furnish personally identifiable information or documentation obtained from the NJIS Registry to any individual or organization for any use not authorized by the Department of Health or to any person or entity not directly involved with the conduct of my official duties as they relate to immunizations, except as permitted or authorized by NJIS policy, State administrative code, State or federal law.
6. I will not copy all or part of the database or software used to access the NJIS.
7. I understand that the Department may audit any record, electronic or written, that is part of the NJIS Registry or pertains to the health information entered into the NJIS Registry by an authorized user.
8. I agree to immediately report to the NJIS Site Administrator at this NJIS Site and the NJIS Help Desk any breach of confidentiality.
9. I understand that any violation of the above provisions may result in suspension or termination of user privileges, disciplinary action, and the imposition of any and all penalties as prescribed by applicable State and Federal laws.

I have read and understood the User Confidentiality Statement for Access to the New Jersey Immunization Information System and the User Confidentiality Agreement. I agree to abide by the User Confidentiality Agreement. I understand the consequences to me if I disclose confidential information without necessary authorization.

User Name (Print): _____

User Signature: _____ Date: _____

As a registered NJIS site, I will ensure that my employees/agents/assignees granted access privileges adhere to the confidentiality provisions of the NJIS in the performance of their official duties. I will promptly notify the NJIS Help Desk to deactivate their access privileges when an authorized user departs my practice/organization in order to maintain system security.

I acknowledge that as an NJIS site, this site is subject to review of immunization documentation by the Department's Vaccine Preventable Disease Program or its designated agent.

Administrator Name (Print): _____

Administrator Signature: _____ Date: _____