



Vital Records Issuance Management System (VRIMS) ACCESS AND CONFIDENTIALITY AGREEMENT

STATEMENT TO VRIMS USER

As a Town Clerk, Town Clerk Designee or State of Vermont employee with the Vermont Department of Health or Vermont State Archives and Records Administration you have the authority to issue certified copies of birth, death, marriage, civil union, divorce and civil union dissolution certificates. Issuing certified copies of birth and death certificates requires review of appropriate documentation in accordance with Act 46 of 2017 including valid government identification and a completed vital records application.

The Vital Records Issuance Management System (VRIMS) provides a means for users with appropriate permissions to issue copies of birth and death certificates to the public, to report the use of security paper for certified copies of birth, death, marriage, civil union, divorce and civil union dissolution certificates and to report voided security paper. The official birth, death, marriage, civil union, divorce and civil union dissolution certificates and all information contained on those documents are considered public record.

All users must sign this agreement prior to accessing the system.

VRIMS USER'S AGREEMENT

As a Town Clerk, Town Clerk Designee or State of Vermont employee, I will issue copies of birth and death certificates from the Vital Records Issuance Management System (VRIMS) and will report in VRIMS the use of all security paper, including voids. As a user of VRIMS, I hereby agree as follows:

1. I will not divulge in any way, copy, release, sell, loan, review, alter or destroy any information except as properly authorized within the scope of my professional activities.
2. I will keep confidential and not share information gathered as part of the application process for a certified copy of a birth or death certificate. This includes not sharing the motor vehicle operator's license number or nondriver identification card number; and taking other appropriate measures to assure confidentiality as required for all Vermont businesses and agencies by 9 V.S.A. § 2430.
3. I will safeguard and will not disclose my access code that allows me to access VRIMS. I accept responsibility for all activities undertaken using my access code.
4. I understand that my obligations under this Agreement will continue after termination of my access to VRIMS information. I further understand that access hereafter is subject to periodic review, revision, and, if appropriate, renewal.

5. I understand that failure to comply with this Agreement may result in terminating my access to VRIMS.

6. I understand that the Department of Health will advise me of any new policies, procedures, or protocols as they are issued, especially those related to privacy and security.

(Signature)

(Date)

(Printed Full Name)

(Title)

(Email address)

(Phone)

(Town)

(Town Office Location: Number and Street, City/Town)
