

Vermont Immunization Registry

Access and Confidentiality/Privilege Agreement/Medical Provider

To obtain a username and password, return a signed copy of this form to:

Immunization Registry, Vermont Department of Health
108 Cherry Street, PO Box 70, Burlington, VT 05402
Fax: (802) 652-4157 Email: IMR@vermont.gov

Questions: call (888) 688-4667

Statement to Health Care Provider

As a health care provider, you are legally required by 18 VSA § 1129(a) to report to the Department of Health all data regarding immunizations of adults and children within seven days of the immunization in a form required by the Department.

18 VSA § 1129(b) provides that immunization registry information regarding a particular adult shall be provided, upon request, to the adult, the adult's health care provider, and the adult's health insurer. It also provides that immunization registry information regarding a minor child may also be provided to school nurses, and upon request and with written parental consent, to licensed day care providers, to document compliance with Vermont Immunization laws. Registry information regarding a particular child shall be provided, upon request, to the child after the child reaches the age of majority and to the child's parent, guardian, health insurer, and health care provider. Registry information must be kept confidential and privileged.

Health Care Provider's Agreement

As a health care provider entitled to immunization registry information regarding the adults and children that I provide health care services to, I hereby agree as follows:

1. I will access confidential and privileged information only as needed to perform health care services for my patients.
2. I will only access information for which I have a need to know.
3. I will not in any way divulge a copy, release, sell, loan, review, alter, or destroy any confidential and privileged information except as properly authorized within the scope of my professional activities as a health care provider.
4. I will not misuse confidential and privileged information or treat such information carelessly.
5. I will safeguard and will not disclose my access code or any other authorization I have that allows me to access confidential and privileged information. I accept responsibility for all activities undertaken using my access code and other authorization.
6. I will report activities by any individual or entity that I suspect may compromise the protection and privacy of confidential and privileged information. Reports made in good faith about suspect activities will be held in confidence to the full extent permitted by law, including the name of the individual reporting the activities.
7. I understand that my obligation under this Agreement will continue after termination of my privileges and access hereafter are subject to periodic review, revision, and if appropriate, renewal.

