VERMONT
DEPARTMENT OF HEALTH

Rev. 05/12/2020

Vermont Immunization Registry

Access and Confidentiality/Privilege Agreement/ School Administrator

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 School Administrator

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.

School Administrator 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.
8. I understand that I have no right or ownership interest in any confidential and privileged information to which I have access. The Department of Health may, at any time, revoke my authorization or access to confidential and privileged information.

9. I will be responsible for my misuse or wrongful disclosure of confidential and privileged information and for my failure to safeguard my access code or other authorization access to confidential and privileged information.

10. I understand that failure to comply with this Agreement may also result in loss of privileges to access confidential and privileged information.

    a. I understand that, under 18 VSA § 1001(d), a confidential public health record shall not be:
    b. Disclosed or discoverable in any civil, criminal, administrative or other proceeding.

11. Used to determine issues relating to employment or insurance for any individual.

I also understand that any person who willfully or maliciously discloses the content of any confidential public health record without written authorization or as authorized by law shall be subject to a civil penalty of not less than $10,000.00 and not more than $25,000.00 and costs and attorney's fees as determined by the Court.

School Administrator

All fields **must** be completed. Please write **legibly**. Scan and Email to: IMR@vermont.gov or Fax to: (802) 652-4157.

_____

School Administrator Signature | Credentials/Role | Date (MM/DD/YYYY)

_____

School Administrator Name Printed – First Name | Middle Initial | Last Name

_____

School Name | School Phone Number

_____

Other Schools You Currently Cover (Name Only)

_____

School Mailing Address – Street, Town, Zip Code

_____

School Administrator Work Email Address

18 V.S.A. § 1129. Immunization registry

(a) A health care provider shall report to the department all data regarding immunizations of adults and of children under the age of 18 within seven days of the immunization, provided that required reporting of immunizations of adults shall commence within one month after the health care provider has established an electronic health records system and data interface pursuant to the e-health standards developed by the Vermont information technology leaders. A health insurer shall report to the department all data regarding immunizations of adults and of children under the age of 18 at least quarterly. All data required pursuant to this subsection shall be reported in a form required by the department.

(b) The department may use the data to create a registry of immunizations. 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. A minor child's record also may be provided, upon request, 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 shall be kept confidential and privileged and may be shared only in summary, statistical, or other form in which particular individuals are not identified. (Added 1997, No. 91 (Adj. Sess.), § 1; amended 2007, No. 204 (Adj. Sess.), § 11.)