Janet T. Mills Governor

Sara Gagne-Holmes Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016
TTY: Dial 711 (Maine Relay)

ImmPact Individual User Agreement

Maine's Immunization Information System (ImmPact) is a statewide database of immunization histories. ImmPact is used to facilitate an organization's ability to (1) remind patients of needed immunizations; (2) standardize vaccine inventory management; (3) search and update patient records; (4) assess the need for immunizations; and (5) achieve other necessary and appropriate purposes.

In order to participate in ImmPact, the Individual User agrees to:

- 1. Access only immunization and health screening information in ImmPact necessary to perform authorized functions.
- 2. Read and comply with the *ImmPact Confidentiality and Security Policy*, including procedures to safeguard my personal username and password against unauthorized use.
- 3. Use ImmPact consistent with this Agreement and the ImmPact Confidentiality and Security Policy.
- 4. Never require a patient to pay a charge or fee for the organization's use of ImmPact or for any information obtained from ImmPact.
- 5. Access records by using only my personal username and password.
- 6. Comply with the *Immunization Information System Rules* (10-144 Code of Maine Rules Chapter 274). http://www.maine.gov/sos/cec/rules/10/144/144c274.doc
- Failure to abide by this *Agreement* may result in the immediate suspension or termination of the individual's access to ImmPact and may result in other enforcement action.
- This Agreement <u>must</u> be signed by both the individual requesting access to ImmPact and the organization's Manager or Designee.
- By signing below, I agree to comply with the above conditions.

Please email or fax completed ImmPact user agreements to ImmPact.Support@maine.gov or 207-287-8127

PHONE: (207) 287-3746 TTY USERS: Dial 711 (Maine Relay)

First Name	e: Middl	e Initial: Last Name:
Name of Organization:		VFC Pin:
Physical Address:		City, State, Zip:
Mailing Address:		City, State, Zip:
Phone:	Fax:	Email:
This indica	idual usan has the following note to	acced outhoutes
I nis indiv	applicable regarding patient info Inventory-manage inventory, tra physicians/clinicians; clinic ever agreement. Back-Up Vaccine Coordinate applicable regarding patient info Inventory-manage inventory, tra physicians/clinicians; clinic ever agreement. Vaccine Coordinator: Ability applicable regarding patient info Inventory-manage inventory, tra physicians/clinicians; clinic ever physicians/clinicians; clinic ever Standard User: Views, enters blood lead test results; data exch Maintenance-manage physicians Limited Entry: Views, enters reports, inventory, blood test results inventory, blood test results School User Read Only: Views SCO If you are emplo	r: Ability to edit organization information; Views, enters, and edits data as rmation, immunizations, blood test results; reports, data exchange; asfers, orders, cold chain; Maintenance –Provider Agreement, manage ts. You are listed as the primary vaccine coordinator on your sites provider or: Ability to edit organization information; Views, enters, and edits data as rmation, immunizations, blood test results; reports, data exchange; asfers, orders, cold chain; Maintenance –Provider Agreement, manage ts. You are listed as the back-up vaccine coordinator on your sites provider to edit organization information; Views, enters, and edits data as rmation, immunizations, blood test results; reports, data exchange; asfers, orders, cold chain; Maintenance –Provider Agreement, manage ts. and edits data as applicable regarding patient information, immunizations, ange; reports, Inventory-manage inventory, transfers, orders, cold chain; (clinicians; clinic events. and edits data as applicable regarding patient information, immunizations, ults; cold chain. information, immunizations, blood lead test results; Reports we patient information, immunizations, blood lead test results, school reports. (M (State of Maine) Internal Access Use yed by the State of Maine, please select your group below
	 ☐ MIP Operations: Internal M ☐ Blood/Lead: Childhood Lea ☐ System Manager: ImmPac ☐ SOM: Other State of Maine 	nd Prevention Program
Signature of Individual User:		Date:
Printed Na	me of Individual User:	
Signature of Manager or Designee:		Date:
Printed Na	me of Manager or Designee:	

Please email or fax completed ImmPact user agreements to ImmPact.Support@maine.gov or 207-287-8127