

Janet T. Mills  
Governor



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Jeanne M. Lambrew, Ph.D.  
Commissioner

**ImmPact Individual User Agreement**  
**Non-Vaccine Providing Facility**

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.

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

1. Access only immunizations 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 user name 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 user name 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>

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- 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* must be signed by both the individual requesting access to ImmPact and authorizing manager or designee.
  - By signing below, I agree to comply with the above conditions.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

VFC Pin (if applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**This individual user has the following role –based authority:**

- Limited Entry (School Users): Views, enters and edits data as applicable regarding patient information, immunizations, reports, inventory, blood test results (if approved facility); cold chain; find/view student immunizations, manage list
- Reports Only: Views patient information, immunizations, blood lead test results (if approved facility); Reports

**SOM (State of Maine) Internal Access Use**

If you are employed by the State of Maine, please select your group below

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- MIP Operations: Internal MIP-Educators
- Blood/Lead: Childhood Lead Prevention Program
- System Manager: ImmPact-Helpdesk
- SOM: Other State of Maine Programs (WIC-PRAMS-OMS, Etc.)

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Signature of Individual User: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of User: \_\_\_\_\_

Signature of Manager or Designee \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Manager or Designee \_\_\_\_\_

Please email this page to The Maine Immunization Program at [impact.support@maine.gov](mailto:impact.support@maine.gov) with the subject line being User Agreement

<i>MIP use only: Date Received:</i> _____	<i>Initials:</i> _____
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