



Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
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Tel.: (207) 287-8016; Fax: (207) 287-9058  
TTY Users: Dial 711 (Maine Relay)  
Maine Immunization Program  
Tel. (207)287-3746  
Fax (207)287-8127



## ImmPact Administrator 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.

Name of Organization: \_\_\_\_\_ VFC PIN: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of ImmPact Administrator: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**In order to participate in ImmPact, this Organization's authorized person and ImmPact administrator agree to the following:**

1. Access only immunization and health screening information in ImmPact for individuals to whom the organization provides services or as necessary to perform a legally authorized function of the organization.
2. Comply with the *ImmPact Confidentiality and Security Policy*, including procedures to safeguard user name(s) and password(s) against unauthorized use. See Attachment A: *ImmPact Confidentiality and Security Policy*.
3. Access ImmPact records only under the user's own name and password.
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. Ensure that *Individual User Agreements* are completed for each user annually.
6. Designate an "ImmPact Administrator" who will be responsible for the following activities:
  - a. Activate ImmPact users after they have executed an *Individual User Agreement* that identifies their assigned role-based security authority within this Organization.
  - b. Maintain signed *Individual User Agreements* for four (4) years and make them available to Maine Immunization Program (MIP) staff upon request.
  - c. Provide user oversight and ensure that individual users are terminated (deactivated) when no longer affiliated with this Organization.
  - d. Ensure that *Individual User Agreements* are maintained and updated as needed.
  - e. Ensure that each staff member requiring access has a user name and password and uses ImmPact consistent with the *ImmPact Individual User Agreement* and the *ImmPact Confidentiality and Security Policy*.

7. 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 immediate suspension or termination of access to ImmPact and may result in other enforcement or action.
- This *Agreement* must be signed by both the Organization's Authorized Person and the ImmPact Administrator.
- The Organization's ImmPact Administrator agrees to assume the role of "Vaccine Coordinator."
- The Organization's Authorized Person and ImmPact Administrator agree that to the extent that a breach of protected information is caused by a user, the Organization agrees to pay the cost of notification, as well as any financial costs and/or penalties incurred by the Department of Health and Human Services as a result of such a breach.
- This signed and dated *Agreement* must be faxed to the Maine Immunization Program (207) 287-8127, attention ImmPact.
- By signing below, the Organizations' Authorized Person and ImmPact Administrator agree to comply with the above condition.

Signature of ImmPact Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of ImmPact Administrator: \_\_\_\_\_

Signature of the Organization's Authorizing Person: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title of Authorizing Person: \_\_\_\_\_

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