

Maine Immunization Information System (ImmPact2)
Organization Security and Confidentiality Agreement
between
Maine Department of Health and Human Services (DHHS)
Maine Center for Disease Control and Prevention (MeCDC)
Maine Immunization Program (MIP)
and
School Administrative Unit (SAU)

SAU Name: _____

Address: _____

City: _____ Zip: _____

Superintendent: _____
(Print Name)

By signing this agreement, I agree to:

- Comply with ImmPact2 Rules and my organization's normal protocol for releasing identifying immunization information for clients.
- Handle ImmPact2 identifying information on clients in a confidential manner.
- Not knowingly falsify any document or data obtained through ImmPact2.
- Use ImmPact2 to access information and generate documentation only as necessary to properly conduct the administration and management of immunizations.
- Carefully and deliberately safeguard my organization/user ID's and passwords for ImmPact2 and not permit the use of those ID's by any other person.
- Not furnish identifying information or documentation obtained from ImmPact2 to individuals for personal use nor to any individuals who have no duties relating to the administration, recording and reviewing of immunizations.
- Assign an organization/site system administrator for ImmPact2 who has duties relating to the administration, recording and reviewing of immunizations, is trained by, and has signed a system administrator agreement with, the MIP.
- Not attempt to copy the database or software used to access ImmPact2
- Promptly report to MIP ImmPact2 staff any threat to or violation of the ImmPact2 Security and Confidentiality Agreement.
- Allow MIP staff and the assigned agents to audit ImmPact2 transactions to ensure compliance with the ImmPact2 Security and Confidentiality Agreement.

I have read, understand, and agree to abide by the ImmPact2 Security and Confidentiality Agreement and the above requirements. I understand that, if I violate ImmPact2 confidentiality requirements, my organizational access to ImmPact2 data can be terminated and I may be subject to penalties imposed by law.

Superintendent's Signature

Date Signed

Telephone Number

Mail to:

IMPACT 2
Maine Immunization Program
State House Station #11
286 Water Street
Key Bank Plaza 9th Floor
Augusta, ME 04333

Encl: SAU Administrator Agreement.