



SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH

South Carolina Department of Public Health South Carolina Immunization Registry User Confidentiality Agreement

This Agreement governs my access to the South Carolina Immunization Registry (Registry) developed and maintained by the South Carolina Department of Public Health (DPH).

The Registry is a statewide, confidential computerized database of patient immunization information. Registry records constitute confidential information that may include, but is not limited to, patient identifiable and protected health information. Users of the Registry are required by law to safeguard the confidentiality and security of this information. Access to the Registry is by individual user identification and password.

THEREFORE, as a condition to receiving access to the South Carolina Immunization Registry, I agree as follows:

- I will attend all DPH training required for Registry access.
- I understand that Registry information is confidential patient information that should only be disclosed to persons authorized to receive it.
- I will only disclose Registry information as required for patient care or as authorized by law.
- I will only access the Registry as necessary to update Registry records or obtain information to treat a patient or for other purposes allowed by DPH regulations.
- I will not knowingly include, or cause to be included, any false, inaccurate, or misleading information in the Registry.
- I will not print or copy any information from the Registry unless necessary to provide patient treatment or to print immunization records or certificates or for other purposes allowed by DPH regulations.
- I will treat information printed from the Registry as a confidential patient record and protected health information under federal and state privacy laws.
- I will not release my identification or password to anyone else or allow anyone else to access the Registry using my identification or password.
- I will not access the Registry using anyone else's identification or password.
- I will not leave my computer unattended while signed in to the Registry.
- I will not contact a person who is the subject of any Registry information unless required for treatment and as authorized by law.
- I will not discriminate or take any adverse action against a person based on the person's Registry information.
- I will immediately notify my employer and the DPH Immunization Operations Section if I have reason to believe the confidentiality or security of my access identification and password may have been compromised.
- I will cooperate with DPH as may be required to investigate a possible breach of security or confidentiality and to prevent any harm from Registry misuse.
- I understand that my access to the Registry may be monitored by DPH to ensure compliance with this Agreement.
- I understand that DPH may suspend or terminate my access to the Registry if I fail to access the Registry for (30) days.
- I will not compile any aggregate data or statistics from the Registry unless expressly authorized in writing by the Director of the DPH Immunization Operations Section or his/her designee.
- I will contact the DPH Immunization Operations Section at 1-866-439-4082 if I have any questions about accessing or using Registry information.
- I understand that Registry access is a privilege, not a right, and that DPH can terminate access if I violate any of these conditions.
- I understand that misuse of the Registry or disclosure of Registry information in violation of this Agreement and/or federal and state privacy laws may also result in civil and/or criminal prosecution, penalties, or legal action.
- I understand that my obligations under this Agreement will continue after termination of my employment or this Agreement.

By signing this Agreement, I agree that I have read, understand, and will comply with the conditions outlined in this Agreement. I agree to protect the security and confidentiality of the South Carolina Immunization Registry and the information contained therein, and understand the consequences if I violate the terms of this Agreement.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

PHONE: _____

(first, middle initial, last) – Middle Initial Required

PRINT NAME OF PHYSICIAN

IF AN ENROLLED VFC

PRACTICE OR EMPLOYER: _____

PROVIDER, ENTER PIN: _____

Previous Registry User? ☐ Yes ☐ No; If Yes, Practice Name: _____

User's e-mail address (required): _____

(No Group e-mail address allowed.)

South Carolina Department of Public Health
Immunization Registry User Confidentiality Agreement
Instructions for Completing 0869-ENG-DPH

PURPOSE

The purpose of the South Carolina Immunization Registry User Confidentiality Agreement is to ensure end user acknowledges in writing his/her understanding of the conditions for being granted access/utilization of the Registry.

AUDIENCE

End users requesting access to the immunization registry. This includes employees at immunization providers within the state, school nurses, and DPH staff requesting access to the immunization registry.

INSTRUCTIONS

1. After reading the Agreement, provider's employee will sign and date form.
2. Print first name, middle initial and last name as designated. Middle initials is required. If no middle name, enter "None."
3. Enter user's telephone number.
4. Print name of physician practice or employer.
5. Enter VFC Provider PIN, if applicable.
6. If the user had previous registry access, indicate practice name.
7. Enter User's e-mail address. Individual e-mail address is required. Group e-mail addresses are not allowed.

OFFICE MECHANICS & FILING

This form will be filed with the South Carolina Immunization Registry Terms of Use, DPH Form 0867. It will be retained for 6 years after termination.