
ImmuNet Confidentiality and User Agreement

Confidentiality Agreement

Maryland's Immunization Information System (ImmuNet) is a secure web-based registry operated by the Center for Immunization at the Maryland Department of Health (MDH). ImmuNet information is confidential, compliant with the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA), available only to authorized users (per Maryland Health-General Article [§18-109](#)), and will not be released to third parties without written consent.

ImmuNet has been implemented by the Center for Immunization at MDH under the authority of Maryland Health-General Article [§18-109](#). ImmuNet allows for sharing of immunization information among authorized ImmuNet providers, schools, health insurers, childcare facilities, local health departments, pharmacies, etc., to maintain superior immunization rates in Maryland.

ImmuNet information is confidential and can only be used for those purposes outlined in this ImmuNet Confidentiality and User Agreement. Violation of the confidentiality policy will be followed by an investigation and appropriate legal action stipulated in Maryland Health-General Article [§18-109](#). ImmuNet privileges can be revoked per the results of the investigation.

An individual, parent or guardian in the case of a minor child, may refuse to allow information to be released from the Immunization Registry by providing to the Department a signed and dated [Opt-out form](#). An individual, or parent or guardian in the case of a minor child, may reactivate participation in the Immunization Registry by submitting to the Immunization Registry a signed and dated [Rescind Opt-out form](#). A provider seeking immunization information for an individual who has submitted a signed an Opt-out form may have access to that patient's Immunization Record on a one-time basis by providing a [Release of Opted Out Records form](#) signed and dated by the parent/guardian for the release of information from the Immunization Registry. Each of these forms is available on the [ImmuNet website](#) under [Forms](#) (left menu).

Organization administrative users are responsible for keeping their organization's contact information up-to-date in ImmuNet. Organization administrative users are also responsible for ensuring the new ImmuNet users they add from their organization are authorized users per Maryland law, and inactivating user accounts when staff leave their organization.

User Agreement

If you are an authorized user and need ImmuNet access to search for your patients' historical record, add immunizations, place a vaccine order, manage vaccine inventory, or upload vaccine administration information, you must agree to the following:

- In accordance with Maryland Health-General Article [§18-109\(c\)](#) and Code of Maryland Regulations [10.06.03.07](#) (Permissible Use of ImmuNet Information), ImmuNet users will utilize the registry to:
 - Only access ImmuNet information for patients under your care;
 - Read and abide by the ImmuNet Confidentiality and Security Policy;
 - Assure adequate immunization for your patients to comply with immunization requirements;
 - Avoid duplicate immunizations;
 - Control outbreaks and assess immunization coverage.
- The provider will cooperate with MDH in providing information to parents and guardians about ImmuNet.
- The provider will submit the immunization information in a prompt fashion, striving for 1-3 days from immunization to input into ImmuNet.
- Allow MDH to audit each user's use of ImmuNet.
- Each user must abide by all security policy, including the following:
 - Each user is responsible for safeguarding his/her user ID and password.
 - ImmuNet user IDs and passwords must not be posted or shared.
 - The computer should not be left unattended when ImmuNet is in use.
 - ImmuNet users should close the browser and log off when finished with an ImmuNet session.

Any breach of this agreement may result in immediate termination of the user agreement, and all ImmuNet accesses terminated.

Each Admin User acknowledges the following:

- I will only grant access to authorized users **in my organization** who need it to perform their duties.
- I will only grant lower-level ImmuNet roles (Reports Only or Standard User) for other users based on their functional need.
- I will audit my organization's user list periodically and terminate access, when applicable, to comply with ImmuNet's security policy.

As an authorized user of ImmuNet, I acknowledge that I have read, understand, and agree with the terms and conditions outlined in this ImmuNet Confidentiality and Use Agreement.

Name: _____

Signature: _____

Organization Name: _____

Date: _____