Site Security Administrator Confidentiality Statement for Access to the Online Registry

Citywide Immunization Registry
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www.nyc.gov/health/cir

Please read this statement carefully. **Make sure that you ask your Department of Health and Mental Hygiene ("DOHMH") Immunization Registry Security Administrator for clarification about anything you don't understand, then sign the Agreement. Refusal to sign the Agreement will result in immediate denial of access to Department of Health and Mental Hygiene records. By signing this Agreement, you agree as authorized user ("Authorized User") to comply with the terms of this Agreement when accessing DOHMH Online Registry ("Online Registry").**

As Authorized User, you will have access to DOHMH medical and personally identifying records in the Online Registry and you are required by law to safeguard the confidentiality of these records (the "Confidential Information"). Unauthorized disclosure of Confidential Information is a violation of New York City Health Code Section 11.11 and state law, subject to civil and/or criminal prosecution, penalties, forfeitures and legal action. See Section 558(e) of the City Charter and Section 3.11 of the New York City Health Code. You must continue to comply with the confidentiality requirements of this Agreement after you are no longer employed by the facility or health care provider ("Facility") on behalf of which you access the Online Registry. You further agree that you are authorized by Facility to access the Online Registry as the Site Security Administrator ("Site Security Administrator") for Facility. In the course of accessing an immunization or lead test record, or adding an immunization to the Online Registry, Authorized User MAY NOT:

1. Examine or read any document or computer record from the Online Registry containing Confidential Information, except on a "Need to Know" basis; that is, if required to do so in the course of official duties.
2. Remove from a job site or copy any document or computer record containing Confidential Information unless authorized to do so, and if required in the course of official duties.
3. Discuss the content of documents containing Confidential Information examined with any person unless both persons have authorization to do so.
4. Discriminate, abuse or take any adverse action with respect to a person to whom the Confidential Information pertains.
5. Create and distribute usernames and passwords for unauthorized users.
6. Reveal or share individual personal computer access identification or passwords with other persons, even if such persons are also authorized to have computer access.
7. Compile any aggregate data or statistics from the program database except as authorized by the director of the Immunization Registry and/or Lead Poisoning Prevention Program.
8. Contact a person who is the subject of any DOHMH record except on official business, in the course of official duties.
9. Degrade, destroy, or interfere with the integrity of any Confidential Information or any other information in the Online Registry.
10. Transmit or upload to the Online Registry any false or misleading information.
11. Interfere with the security of the Online Registry, including but not limited to, uploading or transferring to the Online Registry any malware, ransomware, spyware, or other malicious software.

The above restrictions apply to screen displays, data in electronic form, and printed data. Any printed patient record shall be treated as Confidential Information.

Agreement

I have read and understand the above statement and the attached protocol. I agree to keep strictly confidential all Confidential Information I receive from the records of the Department of Health and Mental Hygiene Online Registry in the course of my employment at_____(Facility). I understand fully the consequences to me if I disclose Confidential Information without necessary authorization. I have discussed, and will continue to discuss, with the Department of Health and Mental Hygiene Online Registry Security Administrator any questions I have about what is confidential or to whom I may disclose Confidential Information.

DATED: _____

SIGNATURE: _____

Email, fax or mail to:
Citywide Immunization Registry
42-09 28th Street, 5th Fl., CN 21
Long Island City, NY 11101-4132
Phone (347) 396-2400/ Fax (347) 396-2559
cir-reset@health.nyc.gov

PRINT NAME:_____

FACILITY NAME: _____

ADDRESS OF EMPLOYMENT: _____

PHONE (ext.):_____FAX:_____

Facility Code_____

EMAIL:_____

ONLINE REGISTRY ACCEPTABLE USE PROTOCOL

This Acceptable Use Protocol (AUP) is for use of the Online Registry (OR).

Access to the OR is provided by the Immunization Registry solely for the purpose of obtaining immunization information, adding immunization records, and obtaining lead test information to the Registry. The Registry should not be used in connection with any personal or non-Registry matters.

All users of the OR have the responsibility of using their access in a professional manner. Compliance with this AUP is mandatory.

Use of the OR for activities that are unacceptable under this AUP will result in removal of the user's access to the OR. DOHMH may review violations on a case-by-case basis.

System Security Measures to be followed by all Site Security Administrators of the OR:

1. The security of the Online Registry is of the highest priority. System security is essential for the effective and efficient operation of the system. It is the responsibility of the Site Security Administrator (and authorized users) to maintain the highest possible degree of system security. If a security problem is discovered, it should be reported by telephone to the Department of Health and Mental Hygiene Online Registry Security Administrator immediately.

2. Passwords:

Choose passwords that are not easy to guess or to find using a password decoding program. A combination of 8 or more characters, with at least one number and one upper case letter, should be selected.

3. Keep the password confidential; do not write it down.

4. Do not share usernames and passwords. Each user must log in separately to report immunizations, add or look up patients, and for all other activities performed online. Do not create generic named accounts.

5. Change passwords regularly (every 90 days is suggested).

6. Users may not use a username and password account created for one location of employment at another location.

7. Promptly inactivate accounts for staff who have left employment or a location.

8. If a password has been lost, stolen, or has been otherwise obtained by another person, or if a user has any reason to believe that someone has obtained unauthorized access to the OR, it is the responsibility of the Site Security Administrator to immediately notify the Department of Health and Mental Hygiene Online Registry Security Administrator.

The Citywide Immunization Registry
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Phone (347) 396-2400 Fax (347) 396-2559
Email: cir@health.nyc.gov