Citywide Immunization Registry
We help you call the shots!
www.nyc.gov/health/cir

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Mary T. Bassett, M.D., M.P.H., *Commissioner*
nyc.gov/health
Phone: (347) 396-2400
Fax: (347) 396-2559

User Confidentiality Statement for Access to the Online Registry

Please read this statement carefully. Make sure that you ask your 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.

Everyone who has access to Department medical and personal records is required by law to safeguard the confidentiality of personal health and other information contained in these records (the "Confidential Information"). Unauthorized disclosure of Confidential Information is a violation of New York City Health Code Section 11.11(d) 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. Former employees of the facility or of the health care provider must continue to comply with confidentiality requirements after leaving employment.

In the course of accessing an immunization or lead test record, or adding an immunization to the Online Registry, an authorized user MAY NOT

- 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.
- 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.
- Discuss the content of documents containing confidential information examined with any person unless both persons have authorization to do so.
- Discriminate, abuse or take any adverse action with respect to a person to whom the confidential information pertains.
- Reveal or share individual personal computer access identification or passwords with other persons, even if such persons are also authorized to have computer access.
- Compile any aggregate data or statistics from the program database except as authorized by the director of the Immunization Registry and/or director of the Lead Poisoning Prevention Program.
- Contact a person who is the subject of any Department record except on official business, in the course of official duties.

The above restrictions apply both to screen displays and to printed data. Any printed patient record shall be treated as confidential medical data.

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_____. 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 Security Administrator any questions I have about what is confidential or to whom I may reveal Confidential Information.

DATED:_____

SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____

PHONE: _____FAX: _____

E-MAIL: _____

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 and adding immunization records, and obtaining lead test information using 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. The Citywide Immunization Registry and/or Lead Poisoning Prevention Program reserve the right to review violations on a case-by-case basis.

System Security Measures to be followed by all users 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 all 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 Security Administrator immediately.

2. Passwords:

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

5. 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 user to immediately notify the Security Administrator.

The Citywide Immunization Registry
42-09 28th Street, 5th Fl., CN 21, L.I.C, NY 11101-4132
Phone (347) 396-2400 Fax (347) 396-2559
Email: cir@health.nyc.gov