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## **Provider Site Agreement**

### **North Dakota Immunization Information System (NDIIS)**

The North Dakota Immunization Information System (NDIIS) is a confidential, electronic system that collects immunization data for all North Dakotans. Federal laws, including the Health Insurance Portability and Accountability Act (HIPAA)<sup>1</sup>, as well as state laws<sup>2</sup> and regulations<sup>3</sup> govern the collection and release of information in the NDIIS. By law, that information is confidential and can only be shared with authorized users, including healthcare providers, local public health units, schools, childcare facilities, individuals themselves or their parent/guardian if the individual is younger than 18. North Dakota state law mandates that providers share childhood immunization information with the NDIIS; patient/parent/guardian consent is not required. Adult information should also be entered into the NDIIS; however, adults can opt out of the NDIIS.

NDIIS staff will make reasonable efforts to ensure that any information they contribute to the NDIIS is timely and accurate. The State of North Dakota and NDIIS staff assume no responsibility for the timeliness, accuracy, reliability, completeness or usefulness of any information contributed by any third party, however.

NDIIS staff may, without notice, monitor the NDIIS and users' activity in the NDIIS to determine compliance with applicable laws, regulations and policies; for quality control purposes; to repair or enhance the NDIIS; to service the NDIIS or for any other lawful reason. The NDIIS staff may suspend or terminate any user's access to the NDIIS at any time, with or without notice, if, in the staff's discretion, the user is found to have violated any law, regulations, policy or agreement applicable to the use of the NDIIS.

As a condition of receiving immunization information from the NDIIS as a Provider Site, the site must ensure each user it authorizes to access the NDIIS agrees to:

1. Only access immunization information in the NDIIS for individuals under their care.
2. Read and abide by the NDIIS Confidentiality Policy and User Agreement.
3. Refrain from engaging in any conduct involving the NDIIS that would constitute a criminal offense or give rise to civil liability.

Each Provider Site must designate a Site Administrator who must agree to:

1. Be the sole authority to authorize new NDIIS users for their Provider Site.
2. Notify NDIIS support within one week after a user's employment at the Site terminates or the Site no longer authorizes the user's access to NDIIS. This is so NDIIS staff can deactivate the user's access.

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<sup>1</sup> 42 U.S.C. 1320d et seq.

<sup>2</sup> N.D.C.C. 23-01-05.3

<sup>3</sup> N.D.A.C. 33-06-05-01

3. Ensure that each user at the Site has his or her own username and password, so that login information is not shared between users.
4. Be the point of contact for account verifications, system alerts and policy changes.
5. Be responsible for ensuring that users comply with all applicable laws, regulations and NDIIIS policies.
6. Ensure users have appropriate training on the proper use of the NDIIIS.
7. Notify the NDIIIS via email at NDIIIS@nd.gov at least one week in advance of resigning Site Administrator duties to allow for the transition to a new NDIIIS Site Administrator.

Additionally, each Provider Site must designate a site Authorized Representative. The Authorized Representative must be someone responsible for oversight at the Provider Site (e.g. Managing Physician, CEO, Director, Principal, Superintendent). They must be familiar with the staff and their roles and must be able to serve as a back-up contact for the Site Administrator.

Failure to abide by this agreement may result in immediate termination, suspension or revocation of access to the NDIIIS. Misuse of NDIIIS data will be reported to the appropriate licensing body.

<b>Provider Site Information</b>		
Name of Provider Site:		
Parent Organization (if any):	NDIIS Provider Pin:	
Physical Address:		
City:	State:	ZIP Code:
Mailing Address (if different from physical address):		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
<b>Site Administrator Information</b>		
Site Administrator First Name:	Last Name:	
Title:	Phone:	Email:
<p>By checking this box and typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.</p>		
Signature of Site Administrator:		Date:
<b>Site Authorized Representative</b>		
First Name:	Last Name:	
Title:	Phone:	Email:
<p>By checking this box and typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.</p>		
Signature of Authorized Representative:		Date: