



**New Mexico
Department of Health
Public Health Division
Infectious Disease Bureau**



**New Mexico Statewide Immunization
Information System
(NMSIIS)**

Policy and Procedures

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I. Definitions

- A. **Administered Immunization:** an immunization given to a client by the healthcare provider that is entering the immunization record in the Registry.
- B. **Authorized User:** a person to whom the Division has authorized access to the Registry including a username, password, and role.
- C. **Centers for Disease Control and Prevention (CDC):** refers to the Federal agency responsible for monitoring, and protecting America from, health, safety and security threats related to diseases.
- D. **Division:** refers to the New Mexico Department of Health, Public Health Division.
- E. **Electronic Health Record (E.H.R.) or Electronic Medical Record (E.M.R.):** the digital/computer record system for collecting health information for individual patients or populations.
- F. **Government Issued Identification:** a legible, valid credentialing document issued by a Local, State or Federal government entity that includes a photo.
- G. **Health Information Exchange (HIE):** an arrangement that allows the sharing of health care information about individual patients among different health care institutions or unaffiliated providers.
- H. **HITECH Act (2009):** references the federal legislation that promotes and expands the use of technology to improve healthcare and that (in part) establishes the standards for protecting individual privacy and their electronic health records.
- I. **HIPAA:** stands for the federal Health Information Portability and Accountability Act of 1996, which (in part) regulates the use and disclosure of protected health information (PHI).
- J. **Historical immunization:** an immunization given to a client by a healthcare provider (within or outside of New Mexico) that is not the provider entering the immunization record in the Registry.
- K. **Immunization:** treatment of an individual with either:
 - (1) a vaccine licensed by the U.S. Food and Drug Administration for immunization and distribution in the United States, or
 - (2) an Immune Globulin product licensed by the U.S. Food and Drug Administration and used for the purposes of producing or enhancing an immune response.
- L. **Modeling of Immunization Registry Operations Workgroup (MIROW):** refers to the CDC workgroup responsible for the initiative directed at the analysis and improvement of Immunization Information System (IIS) operations.
- M. **NMSIIS Program (Program):** refers to the dedicated staff of the New Mexico Department of Health Division who are responsible for the daily operations and maintenance of the Registry, the support of Registry Users, and the troubleshooting of all Registry data and functionality.
- N. **Onboarding:** the process of qualifying immunization providers for electronic data exchange, including registration, paperwork, testing and authorization for access to NMSIIS production environment.
- O. **Provider:** refers to any New Mexico healthcare professional that offers immunization services to patients/clients.

- P. **Registry:** the New Mexico Immunization Registry (NMSIIS), a secure, web-based computerized repository of immunization information maintained by the New Mexico Department of Health.
- Q. **Role:** references the category assigned to a user by the Program which defines their rights to access components and functions of the registry.
- R. **Participating provider:** refers to an organization approved to submit information to the registry.
- S. **Patient/Client:** refers to any person offered an immunization. If the patient is a minor, for the purposes of consent or correspondence “Patient” means the minor’s parent, legal guardian, or other legally authorized decision maker.

II. Access

A. Authority

1. Per NMSA 1978 24-5-8, physicians, nurses, pharmacists and other health care providers including nurse practitioners and physician assistants shall report all immunizations they administer to the immunization registry unless the patient has informed them that they decline to participate in the registry.
2. The NMSIIS Program manages all requests for access to the registry, including data entry and viewing of immunization records.

B. Procedures

1. The NMSIIS Program may provide access to one or more “illustrations” of the NMSIIS application as appropriate to an individual’s assigned role/tasks.
 - a. User Acceptance Testing (UAT)
 - (1) for NMDOH staff/contractors who are responsible for testing NMSIIS code and processes
 - (2) for immunization healthcare providers who are becoming qualified for electronic data exchange of immunization data and who are testing their electronic HL7 messages to qualify for production release of their HL7 messages
 - b. Training (TRN)
 - (1) For NMDOH staff/contractors who are responsible for testing NMSIIS code and processes
 - (2) for NMDOH staff/contractors who are responsible for training NMDOH staff and/or statewide immunization healthcare providers in how to use NMSIIS
 - (3) for immunization healthcare provider staff who are participating in NMSIIS training
 - (4) for immunization healthcare provider staff who have completed NMSIIS training and who need to practice their NMSIIS skills
 - c. Production (PROD)
 - (1) For NMDOH staff/contractors who are responsible for testing NMSIIS code and processes
 - (2) for immunization healthcare providers who enter immunization records in NMSIIS

- (3) for NMSIIS Program staff who support NMSIIS users
 - (4) for NMSIIS technical support/vendor/contractor staff who troubleshoot NMSIIS problems and/or who conduct data queries/analyses
- d. Disaster Recovery (DR)
 - (1) For NMDOH staff/contractors who are responsible for testing NMSIIS code and processes
 - (2) for NMSIIS Program staff who support NMSIIS users
 - (3) for NMSIIS technical support/vendor/contractor staff who activate and maintain the NMSIIS Disaster Recovery system
- 2. All requests for NMSIIS access must be submitted to the NMDOH Helpdesk by telephone.
 - a. Telephone: to 1-800-280-1618 or 1-505-476-8526
- 3. NMSIIS Program will send the appropriate HIPAA and HITECH form(s) to those requesting access, pertinent to the organization and to the proposed individual users.
- 4. Provider(s) must complete, sign and return, to the NMSIIS Program, a current NMSIIS Organization Agreement form (Appendix A) so that an organization account can be established in NMSIIS.
- 5. Provider site supervisor must submit an Email and NMSIIS Training Request form (Appendix H) to request NMSIIS training for oneself and/or staff and designate the authorized level of NMSIIS access for each staff member. (See B.2 for contact information)
- 6. Provider staff must complete the NMSIIS training that corresponds with their individual authorized NMSIIS access level.
- 7. Provider staff must complete, sign and return, to the NMSIIS Program Training Coordinator, a current NMSIIS User Agreement (Appendix B) upon completion of training.
- 8. NMSIIS Program staff will create organization and user accounts upon completion of the above steps. (see Appendix I)
- 9. Upon approval of a Provider supervisor, a staff member may be granted access to multiple provider NMSIIS organization sites.

III. NMSIIS Training

A. Policy

- 1. NMSIIS contract trainers must be recruited and selected through the New Mexico procurement process.
- 2. NMDOH staff may qualify to conduct NMSIIS training.
- 3. The NMSIIS Program manages all NMSIIS trainers' work.
- 4. The NMSIIS Program provides approved curriculum for all NMSIIS training and trainers must train using the approved curriculum.
- 5. Each person who requests access to NMSIIS must complete the appropriate level of NMSIIS training.

B. Procedures

1. NMSIIS trainers must complete trainer approval processes:
 - a. Complete NMSIIS training, to be conducted by NMDOH staff or designated NMSIIS trainer;
 - b. Conduct/co-conduct a supervised training (with existing NMSIIS trainer) until deemed “ready” for approval of observation training by NMSIIS Program staff;
 - c. Conduct independent training while NMSIIS Program staff observe, one or more times, in order to be signed-off as an approved NMSIIS Program trainer.
 - d. NMSIIS trainer candidates may be declined by NMSIIS Program staff if their NMSIIS knowledge and/or training skills are deemed unacceptable.
2. NMSIIS trainers report to the NMSIIS Program staff position of “NMSIIS Training Coordinator” for assignments, training completions, training invoice review, and/or questions/issues.
3. NMSIIS Trainers must adhere to all trainer protocols (See Appendix J).

IV. Immunization Reporting

A. Policy

1. Immunization healthcare providers may enter immunization data in NMSIIS manually or electronically.
2. Immunization data should be entered within ten working (10) days of the administration of an immunization.
3. Historical immunization data may be entered if presented by individual/parent (or legal guardian or other legally authorized decision maker) and if the immunization record is written documentation from a credible source (e.g., another healthcare provider’s immunization report).
4. Immunization data must be accurate and complete; false/fabricated data must never be entered.

B. Procedure

1. Manual data entry requires logging in to the NMSIIS production website by an authorized User < <https://NMSIIS.health.state.nm.us> >
2. Electronic data exchange between a provider’s E.H.R. and NMSIIS can be implemented through the NMSIIS Data Exchange Onboarding Process outlined at <www.nmhit.org>
3. Immunization records are posted to the corresponding NMSIIS Client record.
 - a. User must first search for an existing client record
 - b. If none found, a new client record may be created

V. Individual Immunization Records/Reports

A. Policy

1. NMSIIS has no functionality for individuals who want to look up their personal immunization records via a public portal.
2. Individuals may request copies of their immunization records from their New Mexico primary care provider or New Mexico Department of Health Public Health

Office (NMDOH PHO).

3. An immunization record (aka/report) may be issued to the person named on the record/report if the identity can be confirmed by a valid source of documentation (e.g. driver's license, photo id, passport).
4. Parents (or legal guardian or other legally authorized decision maker) can receive immunization records/reports on behalf of their children if the identity can be confirmed by a valid source of documentation (e.g. driver's license, photo id, pass port).

B. Procedures

1. New Mexico healthcare providers who have access to NMSIIS can issue an immunization record/report to an individual upon verification of the individual's identity.
2. NMDOH/NMSIIS Program staff can issue an individual's immunization record to an individual's New Mexico healthcare provider or school health office.
 - a. Immunization record disclosures must be documented on the NMDOH Disclosure Form (see Appendix E).
 - b. NMSIIS Program staff must verify that the requesting organization is legitimate by checking their contact info through Google or by calling their phone number.
3. If individual requests immunization record/report without having a healthcare provider/school, then individual will be referred to an NMDOH Public Health Office.
4. NMSIIS Program staff can provide immunization record copies for former resident New Mexicans to an out-of-state healthcare provider and/or school health office.
 - a. Immunization record disclosures must be documented on the NMDOH Disclosure Form (see Appendix E).
 - b. NMSIIS Program staff must verify that the requesting organization is legitimate by checking their contact info through Google or by calling their phone number.

VI. Declining to Participate in NMSIIS/Removing Record from NMSIIS

A. Policy

1. Per NMSA 1978 24-5-8, an individual can choose not to have personal immunization records entered into NMSIIS.
2. A parent (or legal guardian or other legally authorized decision maker) can choose to have his/her child's immunization records entered in NMSIIS or not entered in NMSIIS.
3. An individual/parent (or legal guardian or other legally authorized decision maker) can make a decision about participating in NMSIIS for each immunization.

B. Procedures

1. The NMSIIS Program provides the necessary form for individuals who do not want his/her child's immunization records to be entered in NMSIIS or who want an existing NMSIIS record to be removed. Forms are available on NMSIIS under New Mexico Forms and Documents located in the Reports section (see Appendices E, F)
 - a. Forms must be completed and signed by the individual (parent or legal

- guardian or other legally authorized decision maker) who does not want to have personal (child's) immunization records entered in NMSIIS or who wants an existing NMSIIS record to be removed.
- b. Instructions for submitting the form are included on each form (to the provider for "Decline to Participate" or to NMDOH for "Decision to Remove").
2. Upon receipt of a completed/signed/notarized "Decision to Remove Record" form, NMSIIS Program staff will delete the individual's (child's) NMSIIS record(s), however, all patient demographic data will be retained within the registry. Deletions of immunization data cannot be recovered.

VII. Changes and Corrections to NMSIIS data

A. Policy - Date of Birth - Client

1. Only NMSIIS Program staff and users with specific assigned roles that allow the necessary access to designated functions within NMSIIS will have the authority level to change a date of birth on an NMSIIS client record.
2. If New Mexico Vital Records provided the date of birth for a client, it may not be changed and will be locked for read only purposes.
3. If individual asks to change date of birth, individual must present birth certificate or other documentation to verify correct date of birth.

B. Procedure – Date of Birth – Client

1. All change requests must be submitted via the NMDOH Helpdesk by telephone or via the IT Portal. (see II.B.2 contact information)
2. Person reporting must not include PHI (protected health information) in an email as it is not a secure communication channel and would result in a HIPAA violation. Examples of PHI: name, date of birth, address, responsible person information.

C. Policy – Name - Client

1. Only NMSIIS Program staff and users with specific assigned roles that allow the necessary access to designated functions within NMSIIS have the authority level to change a name on an NMSIIS client record.
2. Whether for self or a child, appropriate documentation should be presented to correct spelling, change adult name for marriage or divorce.
3. If a Court Order or Adoption requires a name change in NMSIIS, request for change must go through NMDOH legal review.

D. Procedure – Name – Client

1. All change requests must be submitted via the NMDOH Helpdesk by telephone or via the IT Portal. (see II.B.2 contact information)
2. Person reporting must not include PHI (protected health information) in an email as it is not a secure communication channel and would result in a HIPAA violation. Examples of PHI: name, date of birth, address, responsible person information.
3. If the name change requires a NMDOH legal review, complete the "Request for Legal Services" form (see Appendix F) and submit with copies of Client's legal documents to the Infectious Disease Bureau/Bureau Chief for approval and routing.

E. Policy – Gender – Client

1. Only NMSIIS Program staff and users with specific assigned roles that allow the necessary access to designated functions within NMSIIS have the authority level to change the gender on an NMSIIS client record.
2. Whether for self or child, appropriate documentation should be presented to correct gender.

F. Procedure – Gender – Client

1. All change requests must be submitted via the NMDOH Helpdesk by telephone or via the IT Portal. (see II.B.2 contact information)
2. Person reporting must not include PHI (protected health information) in an email as it is not a secure communication channel and would result in a HIPAA violation. Examples of PHI: name, date of birth, address, responsible person information.

G. Policy – Duplicate Client Records

1. Only NMSIIS Program staff members have the authority and the necessary access level to combine (merge) duplicate NMSIIS client records.
2. Merging duplicate records will consolidate all client data and immunization history together in one record (under one NMSIIS Client ID#) and the duplicate record will be unavailable statewide.

H. Procedure – Duplicate Client Records

1. All duplicate records may be identified directly in NMSIIS by navigating to the patient's module and selecting duplicates.
2. Duplicate requests may also be identified by submitting a request via the NMDOH Helpdesk by telephone or via the IT Portal. (see II.B.2 contact information)
3. Person reporting must not include PHI (protected health information) in an email as it is not a secure communication channel and would result in a HIPAA violation. Examples of PHI: name, date of birth, address, responsible person information.
4. NMSIIS Program staff will contact a supervisor at any provider office that repeatedly creates duplicate records in error.

I. Policy - User Accounts

1. NMSIIS Program and Helpdesk staff have the necessary access level to re-set user passwords.
2. All NMSIIS users will have the ability to re-set their own passwords via the “forgot password” link located on the log-in page; after three unsuccessful attempts, users must contact the NMDOH Helpdesk by telephone or via the IT Portal to place a request to re-set a password. A user must be able to validate their security question answers in order to have their password reset, otherwise, the request will be forwarded to NMSIIS Program Staff.
3. A user must submit a new NMSIIS User Agreement if it involves change to NMSIIS access level or site affiliation.
4. A supervisor must notify the NMSIIS Program staff any time an employee user's employment terminates, so access for that employee can be terminated.
5. Only the NMSIIS Program staff members have the authority to create new user accounts.
6. Only the NMSIIS Program staff members have the authority to change/terminate user site affiliation.

J. Procedure – User Accounts

1. All change requests must be submitted via the NMDOH Helpdesk telephone or via the IT Portal. (see II.B.2 contact information)
2. Changes can be sent via Email, provided that the site and user information is included.

VIII. Data Exchange

A. Policy

1. Immunization providers are eligible to apply for electronic immunization data exchange if they maintain their patient/client records using an electronic health record that can generate HL7 2.5.1 data messages.
2. Specifications for electronic immunization data exchange with NMSIIS are developed and updated in partnership by the NMSIIS Program and the NMDOH Information Technology Services Division (ITSD) and are aligned with the national immunization HL7 standards, as published by the CDC and the American Immunization Registry Association (AIRA).
3. Immunization providers are responsible for their own technical development work and costs, such as configuration of their E.H.R. electronic message and the transport mechanism from the E.H.R. to the NMSIIS.
4. Immunization providers must complete and sign all HIPAA/HITECH related paperwork and NMSIIS data exchange forms before being granted electronic access to NMSIIS.
5. NMSIIS Program is responsible for onboarding immunization providers to electronic data exchange with NMSIIS.

B. Procedures

1. Immunization providers must register their intent to use electronic data exchange, for the entry of their immunization data in NMSIIS, at the New Mexico data exchange website (www.nmhit.org).
2. Immunization providers must test their E.H.R. HL7 2.5.1 messages with the NMHIT test features.
 - a. The NMHIT log-in pages provides a ‘quick-test’ that indicates how well an HL7 message conforms to HL7 standards.
 - b. The NMHIT Immunization Test Site, found after logging in to NMHIT, provides message testing functionality, message diagnostics in relation to NMSIIS HL7 specifications, and an ongoing record of testing.
3. NMSIIS Program acknowledges registered immunization providers and begins the onboarding process after notification of provider’s successful NMSIIS-specific testing.
4. Onboarding and testing take place in the NMSIIS test environment.
5. NMSIIS Program provides technical assistance for providers and/or providers’ E.H.R. vendors throughout the onboarding process and authorizes successful providers to send electronic immunization data to NMSIIS production environment.

IX. Data Quality

A. Elements of Data Quality

1. **Accuracy** is required at the field level of the registry, for every field. False data may not be entered into the registry for any reason. Manual and automated data entry must have correct spellings, identification numbers, dates, immunization records, and vaccine source.
2. **Completeness** is required for mandatory fields, which are validated by NMSIIS before the Save function can be activated. Best practice is to complete as many fields as possible, in addition to required fields, to fully distinguish a client or immunization record from every other client or immunization record in the registry.
3. **Timeliness** involves entering data into NMSIIS in accordance with the CDC's MIROW guideline for timeliness: within fourteen (14) calendar days (ten working days) of the Vaccination Encounter Date.

B. Standards of Data Quality

1. Unique records are required for organizations, users, clients, client immunization records, and vaccine inventory records. NMSIIS screens for and prompts users about the creation of duplicate records.
2. Client name rules are coded in NMSIIS and available for users in NMSIIS User and Data Exchange Specifications manuals, including disallowed names.
3. NMSIIS users must contact the DOH Helpdesk to request name rule exception for any individual whose true name(s) appear on the NMSIIS disallowed names lists.
4. Data entry conventions are documented in NMSIIS Data Exchange Specifications manuals, which can be found on the NMSIIS Training webpage on the NMDOH website <http://nmhealth.org>
5. NMSIIS users are expected to routinely review their NMSIIS data and to report errors to the NMSIIS Program through the NMDOH Helpdesk.
6. NMSIIS Program staff are responsible for data reviews, corrections and initiatives to address widespread data quality issues.

C. Special Cases: Data Quality

1. Birthing Centers:
 - a. Birthing Centers that administer birth doses of vaccines (e.g., Hepatitis B) may not know a baby's name at the time of a birth dose.
 - b. Birthing Centers may document birth doses using an 'assigned name', in the baby's health record (e.g., MaryBaby Jones) according to Birthing Center procedure.
 - c. Birthing Centers need to document a birth dose in NMSIIS in a timely manner.
 - d. Birthing Centers that create a baby's Client Record in NMSIIS that is not based on baby's legal name must get the NMSIIS recorded corrected as soon as a baby's name is known.
2. Insurance Documentation:

- a. New Mexico is a Universal State, which means that all children 18 years or younger can be immunized regardless of insurance coverage status.
- b. New Mexico Department of Health purchases vaccines on behalf of all children and distributes vaccines statewide.
- c. New Mexico Department of Health invoices insurance companies for reimbursement of vaccine costs for their insured child enrollees.
- d. Entry of an insured child's insurance coverage information in NMSIIS is mandatory.

X. NMSIIS Regulations

Definitions

A. Authorized user: a person to whom the Division has authorized access to the Registry including a username, password, and role.

B. Division: refers to the New Mexico Department of Health, Public Health Division.

C. Government issued identification: a legible, valid credentialing document issued by a Local, State or Federal government entity that includes a photo.

D. Health information exchange: an arrangement that allows the sharing of health care information about individual patients among different health care institutions or unaffiliated providers.

E. Immunization: treatment of an individual with either:

- (1) a vaccine licensed by the U.S. Food and Drug Administration for immunization and distribution in the United States, or
- (2) an Immune Globulin product licensed by the U.S. Food and Drug Administration and used for the purposes of producing or enhancing an immune response.

F. Participating provider: an organization approved and required to submit information to the Registry per NMAC 24-5-8.

G. Patient/Client: refers to any person offered an immunization. If the patient is a minor, for the purposes of consent or correspondence "Patient" means the minor's parent, legal guardian, or other legally authorized decision maker.

H. Registry: the New Mexico Immunization Registry ("NMSIIS"), a computerized repository of immunization information maintained by the New Mexico Department of Health.

I. Role: the category assigned to a user by the Division which defines their rights to access components and functions of the Registry.

J. Vaccines for Children Program (VFC): the Program operated by the Division that provides federally-funded vaccines to children ages 0-18 years who are uninsured, on Medicaid or are Alaska Native/American Indian.

Implementation and Maintenance of the Registry

A. The New Mexico Department of Health (NMDOH) shall take such steps necessary to implement and maintain the Registry including, but not limited to, maintenance, repairs, enhancements, testing, updates, disaster recovery, and backup.

B. The Registry shall meet or exceed all privacy and security standards to

satisfy the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act requirements.

Content and Submission of Reports of Immunization to the Registry

A. Per NMSA 1978 24-5-8, physicians, nurses, pharmacists and other health care providers including nurse practitioners and physician assistants shall report all immunizations they administer to the immunization Registry unless the patient/client informs them that s/he declines to participate in the Registry.

B. Information shall be provided to the Registry in a format approved by the Division. The specific information to be collected shall be determined by the Division. Information may include, but is not limited to vaccination information, identifying information, contact information, insurance information – including insurer name and policy number, contraindications, exemptions from school vaccination requirements, and vaccine refusals. Additional information may be collected to achieve the purposes listed in NMSA 1978 24-5-10 and other relevant sections of the Public Health Act.

C. Data elements reported to the Registry must be submitted electronically as provided below:

(1) authorized users may review and/or submit information through the Registry website interface using their individual accounts. Each user must use only the account credentials assigned to her/him by the Division. Accounts may not be shared among individuals;

(2) participating providers with electronic information systems compatible with the Registry may request permission to exchange information from their current systems with the Registry using a file format approved by the Division. The provider is responsible for all the costs of implementing and maintaining data transfers, for ensuring that transfers are completed on a timely basis, and for responding to error messages. Providers shall update their data systems when changes are made to the approved file format or as otherwise needed to maintain the integrity of the data transfers;

(3) managed care organizations with electronic information systems compatible with the Registry may request to exchange data for their managed care organization enrollees. Information may be exchanged with the managed care organization's system using a file format approved by the Division. The managed care organization is responsible for all the costs of implementing data transfers. Managed care organizations shall update their data systems when changes are made to the approved file format or as otherwise needed to maintain the integrity of the data transfers;

(4) a health information exchange may exchange information with the Registry on behalf of a participating provider;

(5) unless the patient has declined to participate in the Registry, reporters shall report to the Registry within 10 days of administering an immunization or, in the event that the vaccination was refused, 10 days from the date that the immunization was offered; and

(6) in order to decrease duplication and improve data quality, the Division may utilize other sources of information to populate the Registry and/or perform data quality activities.

D. Procedures for the Patient to Review and Correct Information Contained in the Registry:

(1) a patient wishing to review their Registry immunization record may

request a copy from their health care provider or from a New Mexico public health office;

(2) at the time an immunization is offered, the participating provider shall notify the patient of the procedures to review and correct information contained in the Registry;

(3) a patient who wishes to request correction of information contained in the Registry shall submit a written request to the Division directly, or through the NMDOH Helpdesk, or through a NMDOH Public Health Office, or through the patient's healthcare provider. The request shall uniquely identify the patient and document the information to be corrected. Supporting materials, such as medical records, should be attached to the patient's written request or presented to the NMDOH Public Health Office, or presented to the patient's healthcare provider;

(4) the patient's request shall be accompanied by a copy of a government-issued identification for the patient. If the patient is a minor, the request must be accompanied by a copy of the patient's birth certificate and a copy of a government-issued identification for the submitter of the request. Guardians or other legally authorized decision makers must submit a copy of the patient's birth certificate, a copy of their legal authorization for decision making, and a copy of a government-issued identification for the decision maker;

(5) the Division shall review the request and determine if the change is supported by appropriate documentation; if the request is submitted by a NMDOH Public Health Office, it will be assumed that the appropriate documentation was reviewed by the Public Health Office prior to submitting to the Program

(6) if the patient cannot be uniquely identified in the Registry, or if the request is insufficiently supported, the Division shall contact the patient within 10 working days from the date the request was received to request additional identifying and/or supporting information;

(7) the Division shall make a decision within 30 days of receiving the request, the appropriate documentation, or any requested additional information, whichever is later; and

(8) with-in 10 working days of making a determination, the Division shall notify the requestor of the decision. If the request is denied, the Division shall notify the patient of the reason(s) for denial. If the request is approved, the Division shall record the change in the Registry within five working days of the determination.

E. Procedures to Decline to Participate in the Registry:

(1) at the time an immunization is offered or administered, if a patient notifies her/his healthcare provider that she/he chooses to decline participation in the Registry, the healthcare provider shall document the patient's decision to decline to participate.

- a) The provider will document the patient's decision using the Division form, "Decision to Decline to Participate in NMSIIS" under New Mexico Forms and Documents located in the Reports Module, or (available at: <http://nmhealth.org/about/phd/idb/imp/siis/>)
 - b) The "Decision to Decline to Participate" applies to a specific encounter and immunizations administered during that encounter.
 - c) The provider will store all 'Decline to Participate' forms in an accessible, orderly system so that in the event of a public health emergency, the provider can retrieve and provide to NM Department of Health for review to inform emergency responses.
 - d) The 'Decline to Participate' form pertains to the provider who received the patient's decision. The patient is responsible for 'declining to participate' with each healthcare provider that offers immunization services to the patient.
- (2) The NM Department of Health is not notified of a patient's "Decision to Decline to Participate" and does not track such Decisions.

F. Procedures to Remove Information from the Registry:

- (1) a patient who wishes to have her/his information removed from the Registry shall submit a written request to the Division. The request shall uniquely identify the patient. If the patient cannot be uniquely identified in the Registry, the Division shall contact the patient within 10 working days from the date the request was received to request additional identifying information; and
- (2) the written request shall be submitted using the Division's "Decision to Remove NMSIIS Record" form located under New Mexico Forms and Documents located in the Reports Module, or (available at: <http://nmhealth.org/about/phd/idb/imp/siis/>); and
- (3) the patient's request shall be notarized; and
- (4) with-in 10 working days of receipt of the request or, within 10 working days of the receipt of any requested additional identifying information, whichever is later, the Division shall remove the patient's record from the Registry, however, all patient demographic data will be retained within the Registry. The Division shall notify the patient within 10 working days of removing the information that the record has been removed; and
- (5) the patient's request shall result in Registry record removal retrospectively and it is the patient's responsibility to notify all future immunization healthcare providers of his/her continued decision to Decline to Participate in the Registry; and
- (6) a patient whose record is removed from the Registry may later decide to Participate in the Registry by notifying immunization healthcare providers to enter his/her immunization record(s) in the Registry.

G. Limits On and Methods of Access to the Registry.

- (1) per NMSA 1978 24-5-9, access to the information in the immunization Registry shall be limited to primary care physicians, nurses, pharmacists, managed care organizations, school nurses, and other appropriate health care providers including nurse practitioners and physician assistants, or public health entities as determined by the

Secretary of Health. A managed care organization shall be entitled to access information only for its enrollees and schools/day care facilities will be entitled to access information through the NMSIIS school module;

(2) request for access to the Registry shall be made by a provider in writing to the Division and access shall be managed according to NMSIIS Policy and Procedures;

(3) no person or automated system may access, or attempt to access, the Registry without approval from the Division;

(4) access to the Registry is limited by role and organization as assigned by the Division. No person or information system may access, or attempt to access, information not available to their role and organization. Roles and organizations may be changed at any time at the Division's discretion;

(5) at the Division's discretion, access rights may be withdrawn or modified for up to 15 days. Access may be restored or permanently withdrawn based upon an investigation by the Division that provides an opportunity for the effected user to present information;

(6) the Division may exchange immunization information with other state and regional immunization registries for the purposes identified in NMSA 24-5-10. The Division shall prescribe the information that may be shared and the format for sharing information to and from other registries; and

(7) the Division may publish information from the Registry in a de-identified, aggregate form that does not permit the identification of individual patients.

APPENDICES

Appendix A – NMSIIS Organization Agreement



New Mexico Statewide Immunization Information System (NMSIIS)

Organization Security and Confidentiality Agreement

I. Background

Pursuant to its public health authority under the Public Health Act, section 24-1-3, NMSA 1978 to prevent, suppress, and conduct surveillance of disease and under the Immunization Act, sections 24-5-7 to 15, NMSA 1978 to establish and maintain a statewide immunization registry the New Mexico Department of Health (NMDOH) operates and maintains the New Mexico Statewide Immunization Information System (NMSIIS).

II. Access to and Disclosure of Registry Information

NMSIIS data is confidential under both state and federal law including the Health Insurance Portability and Privacy Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). Breach of confidentiality requirements may subject the organization and/or user to termination from participation in the NMSIIS and may result in civil or criminal penalties for improper disclosure of health information.

Protecting the privacy of individuals and the security of information contained in the NMSIIS is a high priority. The information contained in the NMSIIS shall only be used for the following purposes:

- to ensure that the registrants receive all recommended immunizations in a timely manner by providing access to the registrant's immunization record;
- to improve immunization rates by facilitating notice to registrants of overdue or upcoming immunizations; and
- to control communicable diseases by assisting in the identification of individuals who are at risk or who require immediate immunization in the event of a disease outbreak

Any other use of NMSIIS data is prohibited and no person shall attempt to access or copy data from the NMSIIS without written consent from the NMDOH.

III. User Participation

NMSIIS data is confidential under both state and federal law including HIPAA and HITECH. The Organization agrees it is a covered entity and shall comply with all applicable requirements of the HIPAA and the HITECH Acts.

All personnel granted access, including, but not limited to, permanent and temporary employees, volunteers, contractors, and consultants are required to be trained and to sign a NMSIIS User Security and Confidentiality Agreement before gaining access to the registry. The Organization shall ensure that all of its users are trained and have signed agreements before allowing them access to the NMSIIS. The Organization shall ensure that each individual uses their own unique credentials to access the system. The Organization shall

ensure that appropriate security and confidentiality practices and procedures are in place and used to protect data in the NMSIIS in their organization.

The Organization is responsible for immediately notifying the NMSIIS Help Desk of terminations and status changes for authorized NMSIIS users in their organization. Status changes that require notice to the NMSIIS Help Desk are any changes that eliminate the employee's need to access the NMSIIS. Those changes include, but are not limited to, termination, change of job assignment and extended leave. Leave of more than 60 days must be reported to the NMSIIS help desk. Users who fail to access the NMSIIS for more than 60 consecutive days will have their accounts automatically inactivated by the NMSIIS.

NMSIIS Help Desk Contact Information:
(800) 280-1618 option 1 [in Santa Fe: (505) 476-8526]
Help desk hours are 7 a.m. to 6 p.m. Monday through Friday

NMSIIS data shall not be disclosed to unauthorized individuals or entities, including law enforcement, without the approval of the NMSIIS Program Manager. All subpoenas, court orders, and other legal demands for NMSIIS data received by any authorized user or organization must be immediately brought to the attention of the NMSIIS staff.

New Mexico Department of Health personnel will audit activities on the NMSIIS to ensure the ongoing security of the data contained therein.

IV. Data Submission

Organizations that provide immunizations are expected to submit immunization information to NMSIIS on a timely basis. To ensure that updated data is available for a child's next provider visit, no more than three (3) weeks should elapse between administration of a vaccine and submission of the immunization information to NMSIIS.

As NMSIIS contains protected health information, the Organization agrees to protect the confidentiality of the data at all times. The data is not to be shared with any unauthorized individual or entity, nor shall it be used for purposes or under conditions other than those approved by the NMSIIS Program. The organization signing this agreement agrees to take all applicable security measures to maintain the confidentiality and security of the data, to insure its limited access and to comply with the conditions of its use.

V. Automated Data Exchange

Participating providers, including Managed Care Organizations, with electronic information systems compatible with the Registry may request permission to exchange information with the Registry using a file format and protocols approved by the NMSIIS program. If approved for automated data exchange, the provider is responsible for the all costs of implementing and maintaining data transfers, for ensuring that transfers are completed on a timely basis, for responding to error messages and resolving errors. Providers shall update their data systems when changes are made to the approved file format or as otherwise needed to maintain the integrity of the data transfers.

The undersigned Authorized Organization Representative has read, understands, and agrees on behalf of the Organization to abide by this NMSIIS Organization Security and Confidentiality Agreement.

VFC Pin #: _____ (if assigned)

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip : _____

Electronic or Printed Signature of Authorized Organization Representative

Printed Name of Authorized Organization Representative

Date: _____

Organization NMSIIS Contact Information:

First Name: _____

Last Name: _____

Phone: (____) _____

E-mail Address: _____

Organization Type (check only one):

- | | | |
|---|--|--|
| <input type="radio"/> College or University Based Health Center | <input type="radio"/> Medicaid | <input type="radio"/> Private Practice |
| <input type="radio"/> Corrections Facility Based Health Center | <input type="radio"/> Migrant Clinic (Adult/Child) | <input type="radio"/> Public Clinic - Non-Health Department |
| <input type="radio"/> FQHC | <input type="radio"/> Military Health Care Facility | <input type="radio"/> Public Health Department Operated Clinic |
| <input type="radio"/> HIV/STD Clinic | <input type="radio"/> New Mexico State DOH | <input type="radio"/> School Based Health Center |
| <input type="radio"/> HMO | <input type="radio"/> Nursing Home/Long Term Care Facility | <input type="radio"/> School Nurse |
| <input type="radio"/> Home Health Agency | <input type="radio"/> OB/GYN | <input type="radio"/> Substance Abuse Clinic |
| <input type="radio"/> Hospital | <input type="radio"/> CYFD Residential or Day Treatment Center | |
| <input type="radio"/> Hospital - Birthing/Neonatal Care | <input type="radio"/> Pharmacy | |
| <input type="radio"/> Indian Health | <input type="radio"/> Planned Parenthood/Family Planning | |

Email to:
NMSIIS Immunization Program/
NMDOH
NMSIIS.Access@state.nm.us

Appendix B – NMSIIS User Agreement



New Mexico Statewide Immunization Information System (NMSIIS) User Security and Confidentiality Agreement

Background

Pursuant to its public health authority under the Public Health Act, section 24-1-3, NMSA 1978 to prevent, suppress, and conduct surveillance of disease and under the Immunization Act, sections 24-5-7 to 15, NMSA 1978 to establish and maintain a statewide immunization registry the New Mexico Department of Health (NMDOH) operates and maintains the New Mexico Statewide Immunization Information System (NMSIIS).

I. Access to and Disclosure of Registry Information

NMSIIS data is confidential under both state and federal law including the Health Insurance Portability and Privacy Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). Breach of confidentiality requirements may subject the organization and/or user to termination from participation in the NMSIIS and may result in civil or criminal penalties for improper disclosure of health information.

Protecting the privacy of individuals and the security of information contained in the NMSIIS is a high priority. The information contained in the NMSIIS shall only be used for the following purposes:

- to ensure that the registrants receive all recommended immunizations in a timely manner by providing access to the registrant's immunization record;
- to improve immunization rates by facilitating notice to registrants of overdue or upcoming immunizations; and
- to control communicable diseases by assisting in the identification of individuals who are at risk or who require immediate immunization in the event of a disease outbreak

Any other use of NMSIIS data is prohibited and no person shall attempt to, or allow another person to, access or copy data.

II. User Participation

NMSIIS data is confidential under both state and federal law including HIPAA and HITECH. All personnel granted access, including, but not limited to, permanent and temporary employees, volunteers, contractors, and consultants are required to be trained and to sign this NMSIIS User Security and Confidentiality Agreement before gaining access to the registry. The user shall follow all applicable security and confidentiality practices and procedures.

The User shall immediately notify the NMSIIS Help Desk of any changes that affect their need to access information in NMSIIS. Status changes that require notice to the NMSIIS Help Desk are any changes that eliminate the employee's need to access the NMSIIS. Those changes include, but are not limited to, termination, change of job assignment and extended leave. Leave of more than 60 days must be reported to the NMSIIS help desk. Users who fail to access the NMSIIS for more than 60 consecutive days will have their accounts automatically inactivated by the NMSIIS.

NMSIIS Help Desk Contact Information:
(800) 280-1618 option 1 [in Santa Fe: (505) 476-8526]
Help desk hours are 7 a.m. to 6 p.m. Monday through Friday

NMSIIS data shall not be disclosed to unauthorized individuals or entities, including law enforcement, without the approval of the NMSIIS Program Manager. All subpoenas, court orders, and other legal demands for NMSIIS data received by any authorized user or organization must be immediately brought to the attention of the NMSIIS staff.

New Mexico Department of Health personnel will audit activities on the NMSIIS to ensure the ongoing security of the data contained therein.

April 25, 2016

III. Data Submission

As NMSIIS contains protected health information, the User agrees to protect the confidentiality of the data at all times. The data is not to be shared with any unauthorized individual or entity, nor shall it be used for purposes or under conditions other than those approved by the NMSIIS Program. The User signing this agreement agrees to take all applicable security measures to maintain the confidentiality and security of the data, to insure its limited access and to comply with the conditions of its use.

The User further agrees to safeguard their NMSIIS ID and password and not allow the use of that ID and password by any other person.

The undersigned User has read, understands, and agrees to abide by this NMSIIS User Security and Confidentiality Agreement and NMSIIS program policies and procedures.

PLEASE PRINT CLEARLY

VFC Pin #: _____ (if assigned)

Organization Name: _____

Site Name: _____

Name of User: _____

Date: _____

Phone Number: _____

Primary E-mail Address: _____

Alternate E-mail Address: _____

Signature of User: _____

For Program Use Only:

User Access Level:

- Site Administrator Inventory Manager Standard User
 Reports Only Other: _____

Date of Training: _____

Trained by: _____

Email to:
Immunization Program/NMDOH
NMSIIS.Access@state.nm.us

April 25, 2016

PO Box 26110, Santa Fe, NM
87502-6110

Appendix C – NMSIIS Decline to Participate

SUSANA MARTINEZ, GOVERNOR



LYNN GALLAGHER, SECRETARY DESIGNATE

New Mexico Statewide Immunization Information System ("NMSIIS") Disclosure to Patient/Parent/Legal Guardian Decline to Participate in NMSIIS

Background

The New Mexico Statewide Immunization Information System ("NMSIIS") is a HIPAA compliant, secure, web-based system that was designed to keep track of immunizations (shots) for you and your family. It documents shots when administered and provides a personalized schedule of recommended shots according to CDC immunization schedules. It can help a person stay current with shots and avoid getting more shots than needed. NMSIIS was authorized by law in 2004 for healthcare providers to record patients' shots. In 2013, the law was amended making it a *requirement* for healthcare providers to enter information about all patients' shots (infant through elders) into NMSIIS.

Who can see shot records?

The law allows these healthcare providers to use NMSIIS: primary care physicians, nurses, pharmacists, managed care organizations, school nurses and other appropriate health care providers or public health entities as determined by the Secretary of Health (for example, the New Mexico Women, Infants & Children Program has been approved to use NMSIIS). Providers who have completed NMSIIS training and received personal log-in credentials can see shot records and use NMSIIS to help their patients get the shots that are needed.

What kind of personal information is recorded in NMSIIS?

- Name
- Date of birth
- Name of responsible person (for example, parent or guardian)
- Contact information for patient or a child's responsible person (for example, address, phone, email)
- Record of shots received
- Shot reactions, if any
- Medical conditions that could influence a decision whether to give a shot

What are patient's rights?

- Patients may review personal shot record, or child's record
- Patients may inform providers or New Mexico Department of Health (NMDOH) about mistakes and/or missing information
- Patients may choose to receive or not receive *reminders* about getting shots that are due
- Patients may choose to make personal record, or child's record, *private* (available ONLY to patient's personal healthcare provider)
- Patients may choose to personally keep track of their (their children's) shots and decline to have one or more shots recorded in NMSIIS (decline to participate)

What are healthcare providers' responsibilities?

- Providers shall enter immunization data into the State's immunization registry (NMSIIS)
- Providers shall ensure that patients' requests to decline participation in NMSIIS are documented with the appropriate form
- Providers shall store patients' Decline to Participate forms in an accessible, orderly system so that in the event of a public health emergency, the provider can retrieve and provide them to NMDOH for review, to inform emergency responses

Who do I talk to about my shot record or my questions?

Talk to your healthcare provider:

- to ask for a copy of your shot record or your child's shot record

PUBLIC HEALTH DIVISION

1190 St. Francis Dr., Suite 1050 • P.O. Box 26110 • Santa Fe, New Mexico • 87502
(505) 827-2389 • FAX: (505) 827-2329 • www.nmhealth.org



- to report errors or missing information in a shot record
- to provide information about "historical shots" (received in some other state), for inclusion in NMSIIS
- to get the NMDOH form, Decline to Participate

Talk to the New Mexico Department of Health "Helpdesk" about concerns or problems with a NMSIIS record: 1-800-280-1618 or 505-476-8526

I have read the *New Mexico Statewide Immunization Information System ("NMSIIS") Disclosure to Patient/Parent/Legal Guardian*. I understand that I have the right to Decline to Participate in NMSIIS, which means that no immunization record for me (my child) will be created in NMSIIS.

By declining to participate for myself or my child, I am aware that:

- My healthcare provider may not have access to my (my child's) entire immunization history unless my healthcare provider is the only one who has given me (my child) all lifetime immunizations;
- I (my child) may be expected to get immunized again because my healthcare provider has no proof that I (my child) already received the immunization(s);
- I (my child) may miss getting immunized and therefore be susceptible to a vaccine-preventable disease;
- My child may not be allowed to enroll in school if I cannot present proof of all required immunizations, per New Mexico law.

Please Print CLEARLY in the spaces provided below:

Patient's First Name:	Date of Birth:
Patient's Last Name:	
Patient's Primary Care Provider/Location:	
Parent/Legal Guardian First Name:	Phone ()
Parent / Legal Guardian Last Name:	Today's Date:

By signing below, I say that I understand the consequences of declining to participate and I agree that I am responsible for my decision and any consequences.

I swear (or affirm) that all of the forgoing statements are true to the best of my information, knowledge and belief.

Signature (Parent/Guardian Signature)	Date:
---------------------------------------	-------

The original, signed Decline to Participate form should be completed and given to your (your child's) healthcare provider at the time of the shot(s) administration.

Each time that an immunization is offered or administered to you (your child), you may complete this form and Decline to Participate in the Registry, which means your healthcare provider will not record the immunization record(s) in the Registry.

Completion and delivery of this form to your healthcare provider is in compliance with:
N.M.S.A. 24-5-8 and 24-5-11 and the corresponding NMSIIS Regulations.

Appendix D – Removal of Existing NMSIIS Record

SUSANA MARTINEZ, GOVERNOR



LYNN GALLAGHER, SECRETARY DESIGNATE

New Mexico Statewide Immunization Information System ("NMSIIS") Disclosure to Patient/Parent/Legal Guardian Decision to Remove Record from NMSIIS

Background

The New Mexico Statewide Immunization Information System ("NMSIIS") is a HIPAA compliant, secure, web-based system that was designed to keep track of immunizations (shots) for you and your family. It documents shots when administered and provides a personalized schedule of recommended shots according to CDC immunization schedules. It can help a person stay current with shots and avoid getting more shots than needed. NMSIIS was authorized by law in 2004 for healthcare providers to record patients' shots. In 2013, the law was amended making it a *requirement* for healthcare providers to enter information about all patients' shots (infant through elders) into NMSIIS.

Who can see shot records?

The law allows these healthcare providers to use NMSIIS: primary care physicians, nurses, pharmacists, managed care organizations, school nurses and other appropriate health care providers or public health entities as determined by the Secretary of Health (for example, the New Mexico Women, Infants & Children Program has been approved to use NMSIIS). Providers who have completed NMSIIS training and received personal log-in credentials can see shot records and use NMSIIS to help their patients get the shots that are needed.

What kind of personal information is recorded in NMSIIS?

- Name
- Date of birth
- Name of responsible person (for example, parent or guardian)
- Contact information for patient or a child's responsible person (for example, address, phone, email)
- Record of shots received
- Shot reactions, if any
- Medical conditions that could influence a decision whether to give a shot

What are patients' rights?

- Patients may review personal shot record, or child's record
- Patients may inform providers or New Mexico Department of Health (NMDOH) about mistakes and/or missing information
- Patients may choose to receive or not receive *reminders* about getting shots that are due
- Patients may choose to make personal record, or child's record, *private* (available ONLY to patient's personal healthcare provider)
- Patients may choose to personally keep track of their (their children's) shots and decide to remove an existing personal (or child's) record from NMSIIS (decision to remove record from NMSIIS)

What are healthcare providers' responsibilities?

- Providers shall enter immunization data into the State's immunization registry (NMSIIS)
- Providers shall direct patients to the appropriate form for decisions to remove record(s) from NMSIIS (see <http://nmhealth.org/about/phd/idb/imp/siis/>)
- Providers shall direct patients to submit their Decision to Remove Record forms to NMDOH

Who do I talk to about my shot record or my questions?

Talk to your healthcare provider:

- to ask for a copy of your shot record or your child's shot record
- to report errors or missing information in a shot record
- to provide information about "historical shots" (received in some other state), for inclusion in NMSIIS
- to get the NMDOH form, Decision to Remove Record from NMSIIS

Talk to the New Mexico Department of Health "Helpdesk" about concerns or problems with a NMSIIS record:
1-800-280-1618 or 505-476-8526.

OFFICE OF THE SECRETARY
1190 St. Francis Dr., Suite N4100 • P.O. Box 26110 • Santa Fe, New Mexico • 87502
(505) 827-2613 • FAX: (505) 827-2530 • <http://www.nmhealth.org>



New Mexico Statewide Immunization Information System (NMSIIS) Decision to Remove Record from NMSIIS

I have read the New Mexico Statewide Immunization Information System ("NMSIIS") *Disclosure to Patient/Parent/Legal Guardian*. I understand that I have the right to have my (my child's) existing NMSIIS record destroyed, by removing all of my (my child's) existing client and immunization information from NMSIIS.

By Deciding to Remove the NMSIIS record for myself or my child, I am aware that:

- My healthcare provider may not have access to my (my child's) entire immunization history unless my healthcare provider is the only one who has given me (my child) all lifetime immunizations;
- I (my child) may be expected to get immunized again because my healthcare provider has no proof that I (my child) already received the immunization(s);
- I (my child) may miss getting immunized and therefore be susceptible to a vaccine-preventable disease;
- My child may not be allowed to enroll in school if I cannot present proof of all required immunizations, per New Mexico law.

Please Print CLEARLY in the spaces provided below:

Patient's First Name: _____ Date of Birth: _____

Patient's Last Name: _____

Patient's Primary Care Provider/Location: _____

Parent/Legal Guardian First Name: _____ Phone () _____

Parent / Legal Guardian Last Name: _____ Today's Date: _____

By signing below, I state that I understand the consequences of deciding to remove my (my child's) record retrospectively from NMSIIS and I agree that I am responsible for my decision and any consequences; and, that I may later decide to Participate in the Registry by notifying my (my child's) immunization healthcare provider(s) to enter my (my child's) immunization record(s) in the Registry. *Completion and delivery of this form to the NMDOH is in compliance with N.M.S.A 24-5-11 and the corresponding NMSIIS Regulations.*

I swear (or affirm) that all of the forgoing statements are true to the best of my information, knowledge and belief.

Signature (Parent/Guardian Signature) _____ Date: _____

Subscribed and sworn before me this _____ (Day) _____ (Month) _____ (Year)

Notary's Signature and Seal _____ (Date my Commission Expires)

The original, signed, notarized Decision to Remove Record form should be mailed or hand-delivered to:
New Mexico Department of Health S-1250
Immunization Program
Attn: Immunization Registry (NMSIIS)
P O Box 26110 or hand deliver to: 1190 St. Francis Dr – Runnels Building
Santa Fe NM 87502-6110

PUBLIC HEALTH DIVISION
1190 St. Francis Dr., Suite 1050 • P.O. Box 26110 • Santa Fe, New Mexico • 87502
(505) 827-2389 • FAX: (505) 827-2329 • www.nmhealth.org



Appendix E – Disclosure Form



NEW MEXICO DEPARTMENT OF HEALTH DISCLOSURE RECORDING FORM

All information with an asterisk (*) must be filled in. Please print all information.

CLIENT	*Client Name (First, Middle, Last)		
	Client Address (Street or P.O. Box, City, State, Zip Code)		
	Client Social Security Number	Client Gender (M=Male; F=Female)	*Client Date of Birth (mm/dd/yyyy) / /

DISCLOSURE	*Date of Disclosure (mm/dd/yyyy) / /	*Disclosure Location: (Name of Local Public Health office, specific program, specific facility)
	*Disclosed to Name: (Enter Name)	
	*Disclosed to Address: (Street or P.O. Box, City, State, Zip Code)	
	*Disclosure Purpose: (examples: Insurance company request; legislative inquiry; client authorization)	
	*Disclosure Reason: (Must be one of the following: client authorization; avert serious threat; workers' comp; coroner or OMI; funeral director; organ procurement; disaster relief; health oversight; public health activities; required by the law, law enforcement requests, or legal requests; consent or authorization prior to 4/14/2003; or other reason. If other reason, must enter an explanation.)	

*At least one entry from a through i must be completed.
The type and amount of information disclosed was as follows (include dates where appropriate) :

DISCLOSURE MADE	a. % Treatment Plan	from (date) / / to (date) / /	or % Most Recent Only
	b. % Immunization Record	from (date) / / to (date) / /	or % Most Recent Only
	c. % History	from (date) / / to (date) / /	or % Most Recent Only
	d. % Physical	from (date) / / to (date) / /	or % Most Recent Only
	e. % Discharge Summary	from (date) / / to (date) / /	or % Most Recent Only
	f. % Laboratory Results	from (date) / / to (date) / /	or % Most Recent Only
	g. % X-ray and Imaging Reports	from (date) / / to (date) / /	or % Most Recent Only
	h. % Consultation Reports: from (doctor's names)		
	i. % Other:	_____	

*Source System: (The system name into which the client is entered) _____

*Client ID: (The client identifier from the Source System) _____

Appendix G – NMDOH Request for Legal Services NMSIIS Court Order

OGC (AOD) to complete:

No. M Y #

Date OGC rec'd. / /

Practice group 1 2 3 4 5 6 7 8

ATTORNEY-CLIENT PRIVILEGED
(Not for inclusion in a patient, client, or resident health record)

DEPARTMENT OF HEALTH
OFFICE OF GENERAL COUNSEL
1190 St. Francis Drive, Suite 4095, Santa Fe, NM 87502
Facsimile # 827-2930

REQUEST FOR LEGAL SERVICES
MEANT FOR INTERNAL DOH AND DOH EMPLOYEE PURPOSES ONLY

Requested by: _____ Date of request: _____

Division/bureau/office: _____

Requestor's telephone # _____

Request (please describe your request in detail and give reasons for priority and deadline):

Please advise on how we should handle this request.

|

Attach pertinent documents

X ***Urgent (client contact within 48 hours)*** Routine (client contact within 14 days)

Div. Director: _____ Facility Administrator _____

(A Division Director or their designee must sign all requests)

=====

OGC SECTION

Assigned to: _____ Date assigned: / / Initial contact made: / /

Date completed: / /

Letter response (cc: enclosed); Phone response (explain); Other (explain):

E-mail response

Attorney circle one:

DIVISIONS

ASD, IT, PHD, ERD, SLD, DPP, DDSD, DHI, OFM, OS

FACILITIES

NMBHI, FBMC, NMSVH, LLCP, NMRC, SATC, TL

[g:\ogc\forms\office\requestforlegalservicesform.doc]

Revised 6/30/09

Appendix H – NMSIIS Training Request



New Mexico Statewide Immunization Information
System (NMSIIS)



NMSIIS Training Request *To be completed by Site Supervisor*

Instructions:

Complete one form for each employee who requires NMSIIS training and access.

Request Date: _____ Are you a Data Exchange Customer: Yes No

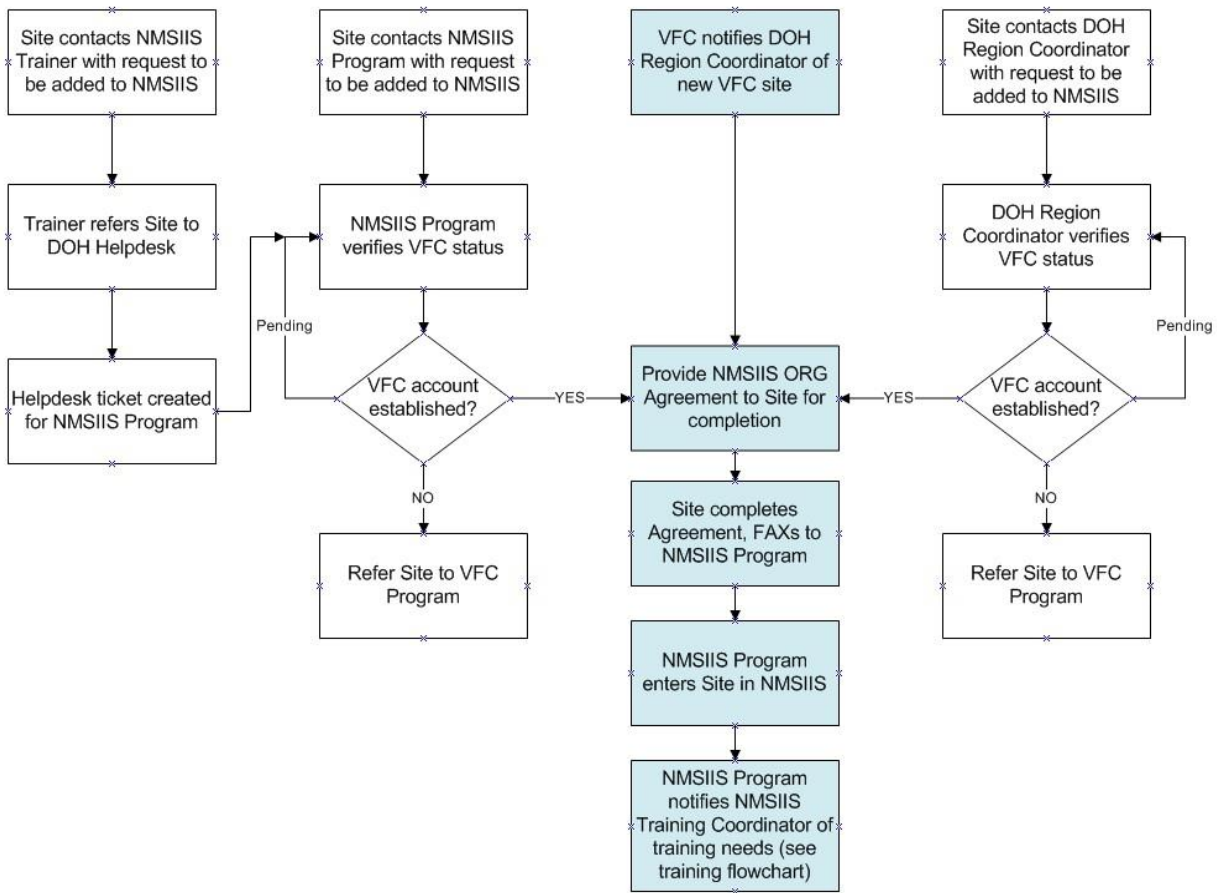
<p>Provider/Site Name: _____</p> <p>Provider / Site NMSIIS ORG CODE / ID# _____</p>	<p>VFC Site? <i>Please ✓ only one</i></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> VFC ID# _____</p>
<p><i>Name of Employee who will complete NMSIIS Training:</i> <i>(Please complete form with clear and complete information print clearly)</i></p> <p>_____</p> <p><i>Has Employee previously had NMSIIS Access at a different location? Please ✓ only one</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Site Name: _____</p> <p>Previous Level of NMSIIS Access: _____</p> <p>Phone: _____</p> <p>e-mail address: _____</p>	<p><i>Type of Training Requested: Please ✓ only one</i></p> <p><input type="checkbox"/> New User</p> <p><input type="checkbox"/> Increased NMSIIS access <i>(currently has access, needs more functionality)</i></p> <p><i>Level Type of NMSIIS Training/Access needed:</i> <i>Please ✓ only one</i></p> <p><input type="checkbox"/> Reports Only <input type="checkbox"/> Web-Ex <input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Standard User - In Person Training <i>(Access to Patients, Immunizations, Reports, School)</i></p> <p><input type="checkbox"/> Standard User - Online Training <i>(Access to Patients, Immunizations, Reports, School)</i> <i>Online Training must be completed within 10 days</i></p> <p><input type="checkbox"/> Standard User (School Module) <i>Access to Education, Patients, Immunizations, Reports, Inventory</i></p> <p><input type="checkbox"/> Inventory- In Person Training <i>(Access to Patients, Immunizations, Inventory, Reports)</i></p> <p><input type="checkbox"/> NMSIIS Administrator - In Person Training <i>(Access to Patients, Immunizations, Inventory, Maintenance, Reports)</i></p>

After form has been completed and a copy
has been saved for your files.
Please click submit below:

Submit to NMSIIS

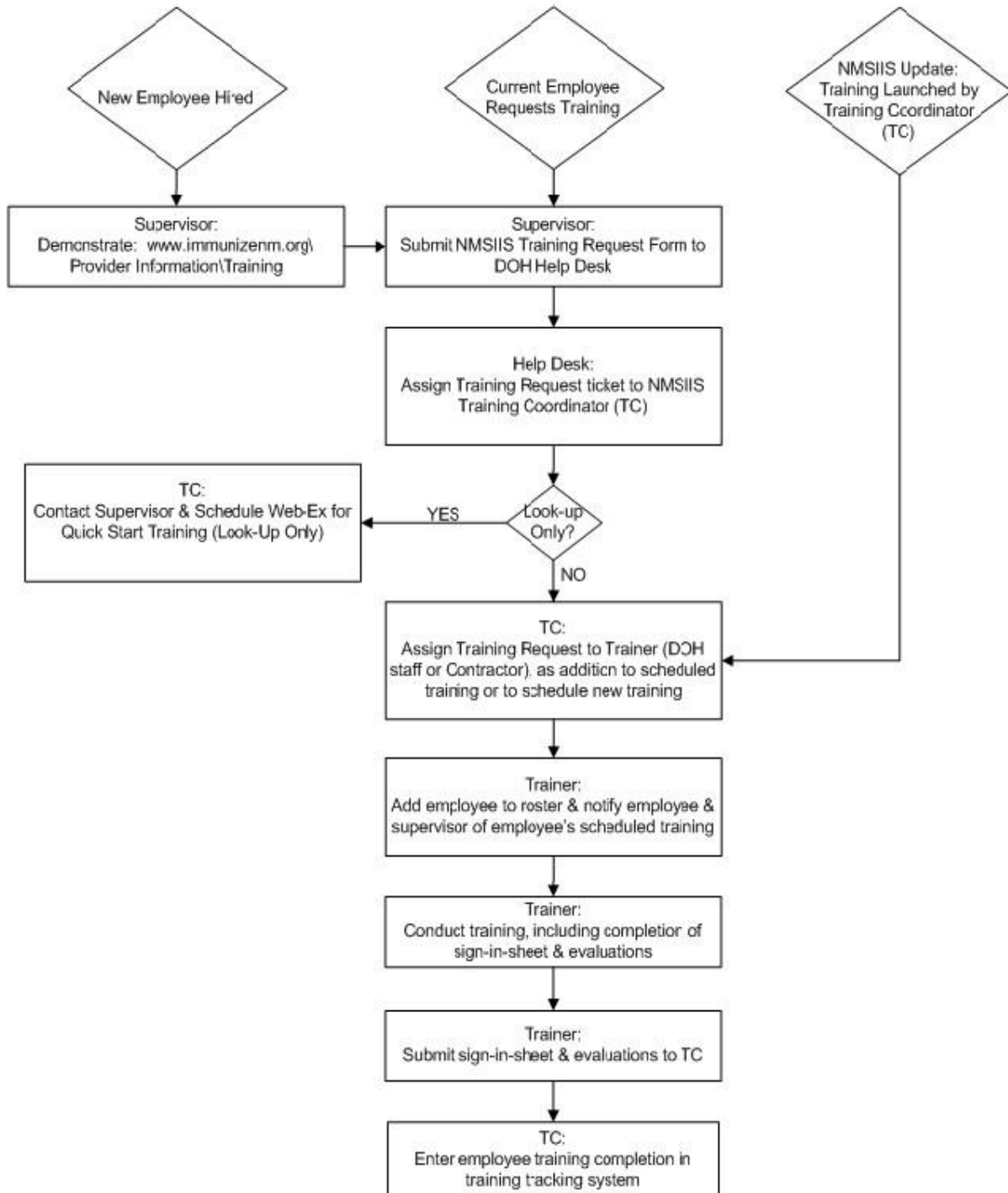
On-Line Training Request Form updated 05.03.2016

Process for adding new site to NMSIIS



Appendix I – NMSIIS Site or User Training Process

NMSIIS Training Process



Appendix J – NMSIIS Trainer Protocols

Timeliness:

Expectations for the timely completion of NMSIIS trainings should always be adhered to, considering that sites make the final decisions for training dates based on the provider's clinic needs and/or hours of operation.

Standards include the following:

- NMSIIS Training Coordinator receives & assigns training request tickets within one business day with the exception of PTO
- Trainer responds acknowledging training request within two calendar days
- Trainer calls the customer within one calendar week of the assignment to inquire about scheduling preferences
- Trainer schedules the training within fifteen calendar days of the assignment (unless the site asks for the delay or special accommodations)
- After training completion, trainer submits a complete training packet (see below) within 3 calendar days of the training date.

Example:

- Coordinator receives ticket on Thursday, January 9
- Coordinator assigns ticket on Thursday, January 9
- Trainer sends email back to Coordinator within two calendar days acknowledging and accepting training assignment
- Trainer calls customer no later than Thursday (Jan 16)
- Trainer schedules customer no later than Friday (Jan 24) – except when customer specifies a later date

Complete Training Packets:

- Trainers must have each trainee sign in on the NMSIIS Training Sign-In sheet and verify that each person completed all fields for training information.
- Trainers must collect NMSIIS User agreements from everyone trained. It's better to have duplicate User Agreements than to spend time chasing down a missing agreement
- Trainers/Contractors must submit complete training packets to the NMSIIS Training Coordinator before getting paid for the training: COMPLETED NMSIIS Training Sign-In Sheet and NMSIIS User Agreements from each person who attended the training.
- If a trainer fails to obtain and submit a NMSIIS User Agreement from each person at a training, then it is the trainer's responsibility to contact the trainee(s), obtain a completed Agreement, and submit it to the NMSIIS Training Coordinator.

NMSIIS Contractor Billing for Training

Tickets	Access Levels	Sites / ID#s	Training Location	Dates	Billing
Single ticket	Single level trained	Single site/ID#	Single Location	Single Date	Bill for one trip/training
Single ticket	Multiple levels trained	Single site/ID#	Single Location	Single Date	Bill for one trip/training
Single ticket	Single level trained	Same or multiple ID#s	Multiple Locations	Same Date or Multiple Dates	<i>If pre-authorized, can bill for multiple trainings</i>
Single ticket	Multiple levels trained	Same or multiple ID#s	Multiple Locations	Same Date or Multiple Dates	<i>If pre-authorized, can bill for multiple trainings</i>
Multiple tickets	Single level trained	Single site/ID#	Single Location	Single Date	Bill for one trip/training
Multiple tickets	Multiple levels trained	Single site/ID#	Single Location	Single Date	Bill for one trip/training
Multiple tickets	Single level trained	Multiple sites/ID#s	Single Location	Single Date	Bill for one trip/training
Multiple tickets	Multiple levels trained	Multiple sites/ID#s	Single Location	Single Date	Bill for one trip/training

Notes:

- If an organization asks a trainer to schedule multiple trainings, the trainer should explain that the organization needs to round up everyone for a single date/location, ESPECIALLY for locations that require long travel by the trainer and trainer may only bill for one training.
- If an organization insists on multiple training locations and/or dates, trainer should consult with NMSIIS Training Coordinator before scheduling multiple trainings for same location. Coordinator will review the organization needs and as appropriate, can authorize multiple trainings & billings.
- Use a single sign-in sheet for every training and have each trainee enter in his/her ORG ID#; write the ticket number(s) on the sign in sheet to identify which Helpdesk tickets can be closed.