



KANSAS IMMUNIZATION INFORMATION SYSTEM (KSWebIZ) USER SECURITY AND CONFIDENTIALITY AGREEMENT

The KSWebIZ contains confidential identifying data and information of individuals, which is to be treated in a manner that preserves the confidentiality and privacy of those individuals. By signing this agreement, the user named below affirms he/she and/or his/her organization is accessing this data in compliance with state and federal law and for the purpose of achieving age-appropriate immunization status for individuals whose information is accessed.

By signing this agreement, I agree to:

1. Comply with the Kansas Immunization Information System (KSWebIZ) Security and Confidentiality Policy and my organization's normal protocol for handling identifiable immunization information for clients.
2. Participate and provide immunization data to KSWebIZ in a timely and accurate manner.
3. Handle KSWebIZ confidential identifying data and information of individuals whose records and/or information are contained in the system in a confidential manner.
4. Not knowingly enter invalid/false data, falsify any document or data obtained through KSWebIZ.
5. Use KSWebIZ to access information and generate documentation only as necessary to properly conduct the administration and management of immunizations.
6. **Does not apply to HL7 providers.** ~~Carefully and deliberately safeguard the user token and pin number which provide access to KSWebIZ and will not permit the use of that token or pin number by any other person, unless expressly authorized by the KSWebIZ staff.~~
7. Not furnish identifiable information or documentation obtained from KSWebIZ to individuals or other entities that are not authorized by statute or proper written consent to receive such information or records.
8. Not attempt to copy the database or software used to access the KSWebIZ database without written consent from the Kansas Department of Health and Environment.
9. Promptly report to KSWebIZ staff any threat to or violation of the KSWebIZ Security and Confidentiality Agreement.
10. Allow the KSWebIZ staff and the assigned agents to audit my KSWebIZ transactions to ensure compliance with the KSWebIZ Security and Confidentiality Agreement.

I have read, understand, and agree to abide by the KSWebIZ Security and Confidentiality Agreement and the above requirements. I understand that, if I violate KSWebIZ confidentiality requirements, my access to KSWebIZ can be terminated, and I may be subject to penalties imposed by law.

User Signature: _____

Date Signed: _____

User's Name (Print): _____

Organization: _____

E-Mail Address: _____ Phone Number: _____

Supervisor's Name: _____ Phone Number: _____