

**DOCUMENT 30:
KIDS IMMUNIZATION DATABASE/TRACKING SYSTEM (KIDS)
REGISTRY SECURITY AND CONFIDENTIALITY AGREEMENT**

Kids Immunization Database/Tracking System (KIDS) Registry Security and Confidentiality Agreement

I. Background

Pursuant to its public health authority under section 6-210 of the Philadelphia Health Code which mandates reporting of immunization data for persons 0-18 years of age and the creation and maintenance of a citywide immunization registry, the Philadelphia Department of Public Health (PDPH), Immunization Program has created the Kids Immunization Database/Tracking System (KIDS), heretofore referred to as the KIDS Registry.

In order to increase appropriate immunizations among preschool children, every child residing in Philadelphia is enrolled in the Registry, using information derived from the Pennsylvania Bureau of Vital Statistics.

Staff of any health care entity or school who will be given access to the KIDS Registry must sign the KIDS Registry User Security and Confidentiality Agreement. The document contains details about the use of data contained in the KIDS Registry. KIDS Registry data is confidential. Breach of confidentiality requirements will subject the user, health care entity or school to termination from participation in the KIDS Registry and may result in civil or criminal penalties for improper disclosure of health information.

II. Notification

Protecting the privacy of patients and the security of information contained in the KIDS Registry is a high priority for the Philadelphia Department of Public Health.

The KIDS Registry Disclosure Form provided by the PDPH, Immunization Program, or available from the KIDS Registry website, includes notification that data from the immunization encounter may be recorded in the KIDS Registry for sharing among participating immunization providers. The parent, guardian or legal custodian may choose to refuse to participate in the KIDS Registry, thus preventing KIDS Registry users from accessing their child's immunization information.

III. Child Participation

The parent, guardian or legal custodian may have the patient's record excluded from the Registry by completing the KIDS Registry Refusal to Share Request Form and submitting the completed form to the KIDS Registry. The KIDS Registry database administrator will then update the child record to indicate that data is not to be shared. If a KIDS Registry provider subsequently tries to access that patient record, the provider will be unable to view the patient's immunization history and personal information. Only KIDS Registry staff has the ability to view or unlock a locked record. If an electronic data transfer includes data on a child who has been excluded, the child's data will not be transferred to the KIDS Registry.

IV. Access to and Disclosure of Registry Information

The information contained in the KIDS Registry shall only be used for the following purposes:

1. To provide immunization services to the patient parent, guardian or legal custodian, including reminder/recall notices.
2. Permit schools to determine the individual immunization status of their students.
3. Provide or facilitate third party payments for immunizations, (e.g., medical assistance, HMOs).
4. Compile and disseminate non-identifying, statistical information of immunization status on groups of children or populations in Philadelphia.
5. Assist providers in keeping a child's immunization status up-to-date including historical validations and real-time recommendations based on a pre-determined schedule.
6. Prevent the administration of duplicate immunizations.

Any non-health use of KIDS Registry data is prohibited and no user shall attempt to copy the database or software used to access the KIDS Registry.

Users, defined as anyone with access to the KIDS Registry, must read and sign a KIDS Registry User Security and Confidentiality Agreement. Users are categorized into one of the following user types:

- 1) Immunization providers (both private and public)
- 2) Health Management Organizations (HMO)
- 3) Public and private schools
- 4) Philadelphia Department of Public Health employees and their authorized agents (e.g., KIDS Registry staff)

The following table outlines the different types of KIDS Registry access allowed for each user group type.

User Type	View Immunizations	View Demographics	Add/Edit Information
Immunization Providers	•	•	• ¹
HMO	+	—	—
Schools	+	+	—
PDPH / Agents	•	•	•

- - Has authorization to access all information
- + - Has authorization to access a subset of the information, with contact information removed
- ¹ - only a subset of immunization providers have access to add or edit information

- **View Immunizations** means the user has permission to view the entire immunization history and status (i.e., whether or not the child is up-to-date with recommended immunizations).
- **View Demographics** means the user can view information about the child, including the child's name, date of birth, parent/guardian name, address and telephone number.
- **Add/Edit Information** means the user can add new immunizations to a child's record and edit immunizations already previously recorded in a child's record. Providers may add a new child record into the KIDS Registry database or alter the details on a child already contained in the KIDS Registry database.

V. User Participation

All individuals who wish to participate as a user of the KIDS Registry must sign and comply with the KIDS Registry User Security and Confidentiality Agreement. Any use of the KIDS Registry that violates the KIDS Registry User Security and Confidentiality Agreement will subject the user to revocation of the user's access privileges and may result in civil or criminal penalties for improper disclosure of health information.

The KIDS Registry Security and Confidentiality Agreement must be signed by a representative of the participating health care entity or school, prior to any training on use of the KIDS Registry and gaining access to the Registry data. One or more persons from each site must complete the training for the KIDS Registry Site Administrator(s). Having completed the training, the Site Administrator(s) may enroll users who have been trained in the use of the KIDS Registry at the appropriate access level and have signed the KIDS Registry User Security and Confidentiality Agreement. The KIDS Registry Coordinator will maintain a file of signed KIDS Registry User Security and Confidentiality Agreements and will require new agreements to be signed by users every two years. The participating health care entity or school assumes responsibility for the individual's usage of the KIDS Registry. Providing access to KIDS Registry to outside organizations is strictly forbidden.

Only personnel whose assigned duties include functions associated with the immunization of children can be given access to Registry information. All personnel including permanent and temporary employees, volunteers, contractors, and consultants will be required to sign a KIDS Registry User Security and Confidentiality Agreement before gaining access to the Registry. Whenever a user terminates the employment or other status, that person's KIDS Registry user account must be removed immediately. A user taking an extended leave of absence must have the account status set to Inactive. Users who fail to access the KIDS Registry for more than 60 consecutive days will have their accounts inactivated by KIDS Registry.

Access to the Registry will be allowed only through Registry approved access procedures. Each person granted access to the KIDS Registry must have a unique login ID and password. Shared login IDs and passwords will not be permitted. Users are prohibited from disclosing Registry access codes or protocol to unauthorized persons. Site administrators will ensure that users have been adequately trained to use the Registry and are not given any higher level of access than that necessary to perform their assigned duties.

Identifying information contained in the KIDS Registry will only be accessible to Philadelphia Department of Public Health personnel, their authorized agents and authorized users. Requests for data for research purposes that go beyond the scope of the individual provider's patients or the local health department area of jurisdiction must be forwarded to the KIDS Registry Coordinator.

KIDS Registry data identifying children will not be disclosed to unauthorized individuals, including law enforcement, without the approval of the Director of the Division of Disease Control. All subpoenas, court orders, and other legal demands for KIDS Registry data received by any authorized user of the KIDS Registry must be brought to the attention of the KIDS Registry Coordinator, who will consult PDPH legal counsel.

Participating immunization providers are expected to inform the child’s parent, guardian or legal custodian that data may be transferred to the KIDS Registry and give the parent, guardian or legal custodian the opportunity to refuse to participate in the KIDS Registry. The KIDS Registry Disclosure Form, given at the time of immunization, can be used to provide this notice. This form may be accessed directly from the KIDS Registry website.

If the parent, guardian or legal custodian chooses to exclude the child from the KIDS Registry that decision will be honored. The parent, guardian or legal custodian has the right to examine any data about the child contained in the KIDS Registry and to indicate errors in it to the provider. The provider will notify KIDS Registry staff of the error and note disagreement in the child’s medical record.

KIDS Registry personnel and their authorized agents will audit activities on the KIDS Registry to ensure the ongoing security of the data contained therein. Each PDPH employee or agent having access to the KIDS Registry will sign an Employee Security and Confidentiality Agreement.

The undersigned has read, understands and agrees to abide by this KIDS Registry Security and Confidentiality Agreement and understands other participating providers will have access to data entered into the KIDS Registry as outlined within this document.

CIRCLE / HIGHLIGHT type of access requested: IMMUNIZATION PROVIDER SCHOOL HMO

PLEASE PRINT CLEARLY. THANK YOU.

Name of Organization: _____

Address: _____ **City:** _____ **Zip:** _____

Name of Main Contact: _____

Main Contact’s Email Address: _____ **Phone#:** _____

Your Name: _____

SIGNATURE

DATE SIGNED

PLEASE RETURN FORM TO:
ATTN: Tanya Jones, FAX #: 215-685-6436



Philadelphia Department of Public Health
500 S. Broad Street
Philadelphia, PA 19146

PIN # _____