

Janet T. Mills
Governor

Sara Gagne-Holmes
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016
TTY: Dial 711 (Maine Relay)

ImmPact Individual User Agreement

Maine's Immunization Information System (ImmPact) is a statewide database of immunization histories. ImmPact is used to facilitate an organization's ability to (1) remind patients of needed immunizations; (2) standardize vaccine inventory management; (3) search and update patient records; (4) assess the need for immunizations; and (5) achieve other necessary and appropriate purposes.

In order to participate in ImmPact, the Individual User agrees to:

1. Access only immunization and health screening information in ImmPact necessary to perform authorized functions.
2. Read and comply with the *ImmPact Confidentiality and Security Policy*, including procedures to safeguard my personal username and password against unauthorized use.
3. Use ImmPact consistent with this Agreement and the *ImmPact Confidentiality and Security Policy*.
4. Never require a patient to pay a charge or fee for the organization's use of ImmPact or for any information obtained from ImmPact.
5. Access records by using only my personal username and password.
6. [Comply with the Immunization Information System Rules \(10-144 Code of Maine Rules Chapter 274\)](#).

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- Failure to abide by this *Agreement* may result in the immediate suspension or termination of the individual's access to ImmPact and may result in other enforcement action.
 - This *Agreement* must be signed by both the individual requesting access to ImmPact and the organization's Manager or Designee.
 - By signing below, I agree to comply with the above conditions.

Please email or fax completed ImmPact user agreements to ImmPact.Support@maine.gov or 207-287-8127

PHONE: (207) 287-3746
Revised: 08/29/2023

TTY USERS: Dial 711 (Maine Relay)

First Name: _____ Middle Initial: _____ Last Name: _____

Name of Organization: _____ VFC Pin: _____

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

This individual user has the following role-based authority:

Primary Vaccine Coordinator: Ability to edit organization information; Views, enters, and edits data as applicable regarding patient information, immunizations, blood test results; reports, data exchange; Inventory-manage inventory, transfers, orders, cold chain; Maintenance –Provider Agreement, manage physicians/clinicians; clinic events. You are listed as the primary vaccine coordinator on your sites provider agreement.

Back-Up Vaccine Coordinator: Ability to edit organization information; Views, enters, and edits data as applicable regarding patient information, immunizations, blood test results; reports, data exchange; Inventory-manage inventory, transfers, orders, cold chain; Maintenance –Provider Agreement, manage physicians/clinicians; clinic events. You are listed as the back-up vaccine coordinator on your sites provider agreement.

Vaccine Coordinator: Ability to edit organization information; Views, enters, and edits data as applicable regarding patient information, immunizations, blood test results; reports, data exchange; Inventory-manage inventory, transfers, orders, cold chain; Maintenance –Provider Agreement, manage physicians/clinicians; clinic events.

Standard User: Views, enters and edits data as applicable regarding patient information, immunizations, blood lead test results; data exchange; reports, Inventory-manage inventory, transfers, orders, cold chain; Maintenance-manage physicians/clinicians; clinic events.

Limited Entry: Views, enters and edits data as applicable regarding patient information, immunizations, reports, inventory, blood test results; cold chain.

Reports Only: Views patient information, immunizations, blood lead test results; Reports

School User Read Only: Views patient information, immunizations, blood lead test results, school reports.

SOM (State of Maine) Internal Access Use

If you are employed by the State of Maine, please select your group below

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- MIP Operations: Internal MIP-Educators
 - Blood/Lead: Childhood Lead Prevention Program
 - System Manager: ImmPact-Helpdesk
 - SOM: Other State of Maine Programs (WIC-PRAMS-OMS, Etc.)

Signature of Individual User: _____ Date: _____

Printed Name of Individual User: _____

Signature of Manager or Designee: _____ Date: _____

Printed Name of Manager or Designee: _____

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