



North Carolina Department of Health and Human Services  
Division of Public Health

Pat McCrory  
Governor

Richard O. Brajer  
Secretary

Danny Staley  
Acting Division Director

November 30, 2015

**MEMORANDUM**

**TO:** North Carolina Immunization Registry (NCIR) Read-Only Participants

**FROM:** Wendy Holmes, RN, Head *WH*  
Immunization Branch

**SUBJECT:** 2016 NCIR Read-Only Agreement

The purpose of this memo is to provide the enclosed NCIR Read-Only agreement. All organizations that are accessing the NCIR are required to update their agreement annually. Your current agreement to access the NCIR will expire December 31, 2015.

Please have your lead physician complete the contact sheet, sign the new agreement, and return it to us no later than Monday, December 14, 2015. Please note, agreements must be signed either by a Medical Doctor (MD) or Doctor of Osteopathy (DO) licensed to practice medicine in the State of North Carolina. If your organization no longer wishes to access the NCIR, please let us know by submitting a request in writing on your organization's letterhead. The letter needs to be signed by the lead physician and sent by fax or mail to the Branch using the contact information below.

Completed agreements should be mailed or faxed to the Branch at:

**Immunization Branch,  
1917 Mail Service Center  
Raleigh, NC 27699-1917  
Fax: 1-800-544-3058**

In addition to returning the 2016 agreement, your NCIR administrator will also need to verify and update the current users under your organization in the NCIR and ensure you have a NCIR Confidentiality Agreement for each user. Please inactivate any users associated with your organization who no longer work there and/or need access to the NCIR.

Failure to return this document by the deadline will result in an interruption to your NCIR access or inactivation of your NCIR account.

If you have any questions you may call the Immunization Help Desk, Monday through Friday, 8 a.m. to 5 p.m. at 1-877-873-6247.

[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.publichealth.nc.gov](http://www.publichealth.nc.gov) • [www.immunize.nc.gov](http://www.immunize.nc.gov)

Tel 919-707-5550 • Fax 919-870-4824

Location: 5601 Six Forks Road • Raleigh, NC 27609

Mailing Address: 1917 Mail Service Center • Raleigh, NC 27699-1917

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## NCIR Contact Information

Please complete the contact information and agreement below and fax it back to the NC Immunization Branch at 1-800-544-3058.

Full Name of Practice/Organization:

Physical Street Address:

City & Zip:

County:

Name of NCIR Administrators for your organization: (Requires two):

1. Primary Administrator:

Email Addresses:

Phone number: (     ) -     Fax Number: (     ) -

2. Secondary Administrator:

Email Addresses:

Phone number: (     ) -     Fax Number: (     ) -

How will your practice/organization use the NCIR? (Choose all that apply)

- Look up patient records/view immunization records only.
- Document vaccines administered by your practice from your private inventory.
- Track private inventory in the NCIR.
- Print immunization records.

How many people in your practice/organization will be accessing the NCIR?

Is your practice/organization considered private, public, or county-owned?

**North Carolina Department of Health and Human Services**

**North Carolina Immunization Program (NCIP)**

**NORTH CAROLINA IMMUNIZATION REGISTRY READ ONLY AGREEMENT (2016 NCIR)**

The purpose of this agreement is to authorize \_\_\_\_\_ (Name of Practice or Organization) to utilize the secure, internet-based, North Carolina Immunization Registry (NCIR) for read only access. The conditions of the agreement listed below are effective through December 31, 2016.

The lead physician signing this agreement shall:

1. Ensure the North Carolina Immunization Branch is provided with an active, up-to-date **business** Internet e-mail address for your NCIR administrator to allow for Branch contact/communication (see space provided below).
2. Designate a minimum of two NCIR Administrators to be responsible for the maintenance of all organization specific information. This will ensure if the primary administrator is unavailable, the backup can perform the necessary NCIR functions. The NCIR Administrators are responsible for managing all NCIR users, adding new and deactivating any user should they leave your practice.
3. Require all new and existing users accessing NCIR under your authority to sign a *User Confidentiality Agreement* annually or more often as needed. The agreement must be retained and made available to the Immunization Branch upon request.
4. Acknowledge and agree that the NCIR Immunization Scheduler is a tool that provides general recommendations and does not make medical decisions. It is not a substitute for competent, properly trained, and knowledgeable staff who brings professional judgment and analysis to the information presented by the software.
5. Provide a signed immunization record, at no charge to the parent, guardian, or patient each time an immunization is given as specified in G.S. 130A-154 and when needed for schools, childcare facilities, colleges/universities, or wherever immunization records are required. Keep immunization records, either electronically or in paper form, according to the retention of medical records position statement of the North Carolina Medical Board.
6. Share immunization data upon request as specified in G.S. 130A-153 and 15A NCAC 19A .0406.
7. Assume responsibility for NCIR users. Ensure all staff accessing the NCIR are fully trained and receive ongoing NCIR training, and do not share NCIR usernames and/or passwords with any other individual either internal or external of their agency.

The Immunization Branch or provider may terminate this agreement at any time for personal reasons or failure to comply with all conditions of this agreement. The conditions of this agreement are subject to change.

I understand the terms of this agreement and agree to comply with this agreement and the rules promulgated by the State of North Carolina.

_____ Physician's Signature (DO NOT USE A STAMP)	_____ Physician's Name (PRINT OR STAMP)	_____ Federal Tax Identification Number for the Facility	_____ Physician's Medical License #	_____ Date
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**E-mail Address of NCIR Administrators:** \_\_\_\_\_  
\_\_\_\_\_

**North Carolina Department of Health and Human Services  
North Carolina Immunization Program (NCIP)  
NORTH CAROLINA IMMUNIZATION REGISTRY AGREEMENT (2016 NCIR)**

**INSTRUCTIONS FOR NCIR ONLY PROVIDER AGREEMENT**

**PURPOSE:**

This document constitutes a legal agreement under which the North Carolina Immunization Branch may provide access to the secure internet-based North Carolina Immunization Registry (NCIR) for an organization to obtain immunization information.

**PREPARATION:**

1. Prepare an original and a copy.
2. Print or type the organization's name.
3. The signature must be of a Medical Doctor or Doctor of Osteopathy licensed to practice medicine in North Carolina.
4. The physician's signature must be an original; a stamp is not acceptable.
5. The agreement shall be available for review by Immunization Branch personnel.

**DISTRIBUTION:**

1. **Mail: Immunization Branch  
1917 Mail Service Center  
Raleigh, North Carolina 27699-1917**

**Fax: Immunization Branch  
1-800-544-3058**

2. Retain a copy for your records.

**DISPOSITION:**

Completed (signed and dated) form must be retained until participation in the NCIR ends and for ten years following the end of the calendar year in which the agreement is terminated. If a notice of a claim or lawsuit has been made, this agreement(s) should be retained until after final disposition of the claim or litigation (including appeals).

**SUPPORTING DOCUMENTS:**

Supporting documents, additional forms and Branch policies may be obtained at <http://www.immunize.nc.gov/> or by calling 1-877-873-6247.

**North Carolina Immunization Registry  
User Confidentiality Agreement**

As a user of the North Carolina Immunization Registry under \_\_\_\_\_,  
(Name of Practice/Organization)

I agree to abide by the following policies:

1. Use information contained in the registry only for purposes for which it is intended.
2. Release Immunization information only to those parties allowed access by North Carolina law and North Carolina administrative code.
3. Keep all information contained in the registry confidential.
4. Keep my assigned user ID and password confidential.
5. Report any violations of this confidentiality agreement.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
NCIR Administrator Signature/Date

**INSTRUCTIONS FOR NCIR USER CONFIDENTIALITY AGREEMENT**

**PURPOSE:**

This document constitutes an agreement between employee and employer.

**PREPARATION:**

1. Print or type the practice's name
2. The Employee signature must be an original; a stamp is not acceptable.
3. The agreement shall be available for review by Immunization Branch personnel.

**DISPOSITION:**

Completed (signed and dated) form must be retained in the facility until participation ends.

**The NCIR User Confidentiality agreement should not be returned to the NC Immunization Branch.**