



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) Pharmacy Participants

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

**SUBJECT:** 2016 NCIR Pharmacy Agreement

The purpose of this memo is to provide the enclosed NCIR pharmacy agreement. Immunizing pharmacists that are using 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 immunizing pharmacist complete the contact sheet, sign the new agreement, and return it to us no later than Monday, December 14, 2015. 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 immunizing pharmacist 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 pharmacy 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 pharmacy 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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**North Carolina Department of Health and Human Services  
North Carolina Immunization Branch**

**NORTH CAROLINA IMMUNIZATION REGISTRY IMMUNIZING PHARMACY AGREEMENT (2016-NCIR)**

The purpose of this agreement is to authorize \_\_\_\_\_ (Specify store name and number) to utilize access to the secure, internet-based, North Carolina Immunization Registry (NCIR) for vaccine reporting in accordance with House Bill 832. The conditions of the agreement listed below are effective through December 31, 2016.

With respect to the North Carolina Immunization Registry (NCIR), the Pharmacy Representative 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 Pharmacy Administrator to allow for Branch contact/communication (see space provided below).
2. Designate a minimum of two NCIR Pharmacy Administrators to be responsible for the maintenance of all organization users. This will ensure if the primary administrator is unavailable, the backup can perform the necessary NCIR functions. Deactivate all users immediately should they leave your organization.
3. Require all new and existing individuals accessing NCIR under your authority to sign a *NCIR User Confidentiality Agreement* annually or more often as needed. The agreement must be made available to the Immunization Branch upon request.
4. Assume responsibility for all NCIR users. Ensure all current and new pharmacy staff receive initial NCIR training and ongoing training annually. Agree to not share NCIR user ID and/or passwords with any other individual either internal or external of their agency, and protect the confidentiality and integrity of the information contained in the NCIR.
5. Insofar as possible, assure that all patient/individual names and demographic information entered into the NCIR reflect the patient's true, legally-documented, complete name, (e.g. government issued id, driver's license, birth certificate, social security), gender, race, and current address.
6. Completely and accurately document, for each patient receiving an immunization service from your facility: historical immunization and other relevant information from a valid certificate of immunization, if available; immunization information for vaccine administered by an Immunizing Pharmacist, vaccine adverse events when they occur, and any contraindications identified during the immunization screening process.
7. Except for influenza vaccines administered under G.S. 90-85.15B (b) (6), access the NCIR for patient immunization records prior to administering any vaccine and record vaccines administered in the registry within 72 hours from the date of administration. In the event the registry is not operable, an immunizing pharmacist shall report as soon as reasonably possible. Document one hundred percent (100%) of all immunization information within 72 hours of administration
8. Ensure and maintain an up-to-date NCIR contingency plan for use during periods of internal internet disruption and/or NCIR outages. See: <http://www.immunize.nc.gov/providers/ncirmaterialsforms.htm>
9. Record the following in NCIR for each dose as required for an official certificate of immunization: (a.) patient name and date of birth (b.) date of administration, (c.) name and address of the pharmacy and, pharmacy store number, and name and credentials of the Immunizing Pharmacist, (d.) vaccine type/trade name (e.) vaccine manufacturer and lot number (f.) and publication date of the vaccine information statement (VIS) provided.
10. For each dose of vaccine administered, provide a written copy of the relevant current Vaccine Information Statement (VIS) to the patient. Supplement the VIS with visual or oral explanations as needed.
11. Provide a signed immunization record, at no charge to the 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. Share immunization data upon request as specified in G.S. 130A-153 and 15A NCAC 19A .0406.
12. Report all adverse events as they occur through the Vaccine Adverse Events Reporting System (VAERS) either electronically, by fax or mail. For a complete list of required reportable events go to: <http://www.vaers.hhs.gov/reportable.htm>. Add an appropriate client comment in the NCIR.
13. Acknowledge and agree that all medical treatment and diagnostic decisions are the sole responsibility of the Immunizing Pharmacist and Supervising Physician. Immunizing Pharmacist further acknowledges and agree that the NCIR does not make medical decisions and is not a substitute for patient screening for contraindications and precautions every time a vaccine is administered following the minimum standard screening questionnaire and safety procedures adopted by the Medical Board, the Board of Nursing and the Board of Pharmacy pursuant to S.L. 2013 246, s. 6.

The North Carolina Immunization Branch or the Immunizing Pharmacy may terminate this agreement at any time for failure to comply with the conditions outlined in 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.

\_\_\_\_\_  
Signature  
(DO NOT USE A STAMP)

\_\_\_\_\_  
Printed Name  
(PRINT or STAMP)

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Date

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Pharmacy Name and Store Number

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Pharmacy Phone Number

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Pharmacy Fax Number

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Pharmacy Street Address

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City

---

Zip

---

County

---

Federal Tax ID Number for the Facility

If store is not a chain, please indicate:  Independent  
 Mutual

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Primary Pharmacy Administrator Name

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Primary Pharmacy Administrator E-mail Address

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Back-up Pharmacy Administrator Name

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Back-up Pharmacy Administrator E-mail Address

**Agreements missing any information will not be accepted.**

*DHHS 3451 (Revised 11/2015) Immunization*

## INSTRUCTIONS

### 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 Immunizing Pharmacy name.
3. This signature must be of the Supervising Immunizing Pharmacist who will assume responsibility over all immunizing pharmacists within their identified pharmacy.
4. The responsible person'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. Fax to: Immunization Branch  
Fax: 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 Pharmacy)

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.

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Employee Name (Please Print)

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Employee Signature/Date

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Pharmacy Administrator Signature/Date

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**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.**