

**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

Pharmacy Name and Store Number

Pharmacy Phone Number

Pharmacy Fax Number

Pharmacy Street Address

City

Zip

County

Federal Tax ID Number for the Facility

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

Primary Pharmacy Administrator Name

Primary Pharmacy Administrator E-mail Address

Back-up Pharmacy Administrator Name

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.

Employee Name (Please Print)

Employee Signature/Date

Pharmacy 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.