

# PhilaVax Provider Reporting Agreement Form

## I. Background

Pursuant to its public health authority under section 6-210 of the Philadelphia Health Code, the Philadelphia Board of Health has issued Regulations that mandate reporting of immunization data for children 0-18 years of age and adults over 18 years of age to a citywide immunization registry. The Philadelphia Department of Public Health (PDPH), Immunization Program maintains the PhilaVax Immunization Information System, heretofore referred to as PhilaVax, to record all immunization data. PhilaVax is a secure web-based application that offers medical providers consolidated immunization records for their patients as well as recommendations based on the most recent immunization schedule. PhilaVax can be accessed via the internet (<https://vax.phila.gov>) and directly through Electronic Health Record Systems via Web Services. All healthcare providers who administer immunizations in Philadelphia are required to report all vaccine doses, whether supplied by Vaccines for Children (VFC), Vaccines for Adults at Risk (VFAAR) programs or privately purchased.

PhilaVax is available to the employees of Philadelphia health care entities, schools, social service agencies, as well as, PDPH employees and their select representatives. Responsible entities of any health care organization, authorized agency, or school who will be given access to PhilaVax data, via manual or electronic means, must complete and sign the PhilaVax Provider Reporting Agreement Form.

## II. Confidentiality

Protecting the privacy of patients and the security of information contained in PhilaVax is an important priority for the Philadelphia Department of Public Health. PhilaVax data are confidential. Breach of confidentiality requirements (See Section V. Access to and Disclosure of PhilaVax Information) will subject the user, health care entity, authorized agency, or school to termination of electronic access to the PhilaVax and may result in civil or criminal penalties for improper disclosure of health information. Access to the PhilaVax is password-protected with Secure Sockets Layer (SSL) encryption, and the database is protected by firewall from unauthorized access. If requested, the PhilaVax Disclosure Form is available to provide an explanation to patients, parents and/or guardians that information about their immunizations or their child's immunizations will be recorded in PhilaVax. This disclosure form can be found on the PhilaVax website or by contacting the PDPH Immunization Program. Patients, parents, guardians or legal custodians may opt-out of participation in PhilaVax.

## III. Notification of Public Health Authority

Providers and other HIPAA-Covered entities and business associates may submit immunization information to PhilaVax without a release or authorization from patients, parents, or guardians, nor do they have to document that immunization information will be disclosed to public health authorities. See 45 C.F.R. § 164.512(b)(1)((i)). HIPAA regulations permit covered entities and their business associates to report immunization information to public health authorities like the Philadelphia Department of Public Health without an authorization. See 45 C.F.R. § 164.512(b)(1)((i)). In addition, pursuant to its public health authority under section 6-210 of the Philadelphia Health Code, the Philadelphia Board of Health has issued Regulations stating that PDPH "...has the authority to obtain and store medical information, including photocopies of medical records and medical summaries, regarding immunizations governed by this Regulation without a signed authorization from the patient or patient's representative."

# PhilaVax Provider Reporting Agreement Form

## IV. Patient Participation

Every person receiving immunizations in Philadelphia is enrolled into PhilaVax using information derived from the birth record or health care provider. A patient, parent, guardian, or legal custodian can refuse to participate in PhilaVax and may have their record or their child's record locked by completing the PhilaVax Participation Request Form and submitting the completed form to PhilaVax personnel. PhilaVax personnel will then update the patient's record to indicate that data is not to be shared. If a PhilaVax user subsequently tries to access that patient record, the user will be unable to view the patient's immunization history and personal information. Only PhilaVax personnel have the ability to view or unlock a locked patient record.

## V. Access to and Disclosure of PhilaVax Information

### A. Entity Access to and Disclosure of PhilaVax Information

The patient-level information contained in PhilaVax shall only be used for the following purposes:

- Assist providers and social service agencies in keeping a patient's immunization status up to date including historical validations and recommendations based on a pre-determined schedule.
- Prevent the administration of duplicate immunizations.
- Provide documentation of a patient's immunizations (as reported to PhilaVax) to the patient, child's parent, guardian, or legal custodian.
- Permit schools to determine the immunization status of students enrolled at that specific school.
- Provide or facilitate third party payments for immunizations (e.g. MCO).
- For research purposes, if approved by **ALL City processes, including the City of Philadelphia IRB and the Health Commissioner Review Committee.**

PhilaVax data that identifies individual patients will not be disclosed to unauthorized individuals, including law enforcement, without the approval of the Director of the Division of Disease Control. Any request for PhilaVax data (including subpoenas, court orders, and other legal demands) must be brought to the attention of the PhilaVax Coordinator, who will consult PDPH legal counsel before any data can be released.

**IMPORTANT NOTE:** Any unauthorized use of PhilaVax data is prohibited, including the following:

- Acquiring data for a third-party entity without express, written permission from the City of Philadelphia.
- Acquiring data for the purpose of resale, or distribution to a third-party entity or vendor for commercial or financial gain.
- Mining IIS data (the process by which an organization queries the IIS for patients who are not under the provider's direct care, or gathering information about patients who are not likely to receive an immunization from the provider in question. Likely is defined as a person capitated to the clinic or who has presented or is about to present to the clinic for care or immunization services).
- Accessing and/or distributing PhilaVax records for any activity other than those set forth in this agreement including (but not limited to) research, presentations, publications, or sharing with unauthorized individuals.

# PhilaVax Provider Reporting Agreement Form

User Type	Send and receive data from IIS	Use data for Research	Sharing IIS Data with third party entity or organization	Direct user access to IIS for patient review
Immunization Providers (Public and Private)	Permitted	All City approvals required	Prohibited	Permitted
Public, Private, and Charter Schools	Limited or determined by program	All City approvals required	Prohibited	Limited or determined by program
Social Service Agencies	Limited or determined by program	All City approvals required	Prohibited	Limited or determined by program
Managed Care Organizations	Permitted	All City approvals required	Prohibited	Limited or determined by program

## B. Security Incident Notification Requirements

For the purposes of this agreement, a security incident is an occurrence that potentially or actually jeopardizes the integrity or availability of an information system, or the information the system processes, stores, or transmits.

In the event a responsible entity (See Section VI. Responsible Entity Participation) experiences a security incident to any PhilaVax-connected system, the entity shall give written notice to PhilaVax as soon as possible, but no later than five (5) days following the discovery of the incident. The responsible entity shall cooperate with PhilaVax in investigating the incident and shall promptly provide information regarding the incident to PhilaVax as requested. In addition to the obligations detailed above, the entity shall promptly take corrective action to remedy any incident and mitigate, to the extent practicable, any harmful effect of any incident. Failure to report a security incident may result in termination of the agreement at the discretion of PDPH.

## VI. Responsible Entity Participation

### A. Entity Access to and Disclosure of PhilaVax Information

Responsible entities are defined as a professional corporation, public agency or other entity or organization which is authorized to provide healthcare services or contracted to assist in electronic data exchange (often referred to as bridging companies). Any responsible entity that has access to PhilaVax patient records via electronic means must read, complete, and sign the PhilaVax Responsible Entity Security and Confidentiality Agreement prior to gaining access to PhilaVax data. The following outlines the functionality available to responsible entities via web services:

- View Demographics & Immunizations – the responsible entity has permission to view information about the patient, including the patient’s name, date of birth, parent/guardian name, address, telephone number, the entire immunization history and status (i.e., whether or not the child is up-to-date with recommended immunizations).
- Add/Edit Information – the responsible entity can add new demographic and immunization data to a patient’s record; edit demographic and immunization data previously recorded in a patient’s record; and add a new patient

# PhilaVax Provider Reporting Agreement Form

to PhilaVax. The responsible entity is responsible for ensuring that all persons or entities (including providers, staff, contractors, and agents), who access information through PhilaVax are authorized to receive access to such information and will comply with all the applicable laws, regulations and PhilaVax policies, including the confidentiality and security agreement. Only permanent and temporary employees, volunteers, contractors, and consultants of the responsible entity whose assigned work duties include functions associated with the immunization of patients will have access to PhilaVax information.

## VII. Data Quality

PhilaVax does not guarantee, but will use its best efforts to contribute to, the truth, accuracy, or completeness of any information provided under this agreement, including individual patient information. The provider is solely responsible for exercising independent professional judgment in the use of such information. Likewise, the responsible entity will utilize its best judgment in providing the most accurate and up to date information to PhilaVax.

## VIII. Termination

This agreement may be terminated by PDPH at its discretion upon verification of any breach of the Responsible Entity Security and Confidentiality Agreement as outlined. Any violation of this agreement will be subject to revocation of access privileges and may result in civil or criminal penalties for improper use and/or disclosure of health information.

# PhilaVax Provider Reporting Agreement Form

## Section 1: Entity Registration

If Entity is already registered, check off box below, enter entity name, and skip to Section 2.

Registered Entity Name: \_\_\_\_\_

Organization/Health System (Entity)		Date Form Completed
Provider Contact First Name	Provider Contact Last Name	Job Title
Mailing Address		Suite/Floor
City	State	Zip Code (xxxxx-xxxx)
Phone number	Fax Number	Email address

**IN WITNESS WHERE OF**, Provider and City, intending to be legally bound by this Agreement, have caused the Limited License to be executed by their respective duly authorized officers as of the date first written above:

Approved as to Form Renee Garcia, City Solicitor _____ City Solicitor	City of Philadelphia Department of Public Health _____ Commissioner
<b>Provider Signatures</b>	
Signature _____	Printed Name _____
Title _____	Date _____
Attest _____	Printed Name _____
Title _____	Date _____

# PhilaVax Provider Reporting Agreement Form

## Section 2: Clinic Registration (one per each site)

Reason for Completing Form:		
Onboarding a New Clinic		Switching EHR's
Mailing Address		Suite/Floor
City	State	Zip Code (xxxxx-xxxx)
Phone number	Fax Number	Email address

### Contact Information (Minimum of 1 Clinic Contact and 1 Technical Contact Required):

Clinic Contact #1: First Name	Last Name	Job Title
Phone number	Fax Number	Email address
Technical Contact #1: First Name	Last Name	Job Title
Phone number	Fax Number	Email address
Other Contact #1: First Name	Last Name	Job Title
Phone number	Fax Number	Email address

### Type of Vaccines Administered at Clinic (check all that apply):

Adolescent

Pediatric

Adult

Travel

Influenza Only

### Type of Clinic:

Family Practice

Pediatric

Pharmacy

Urgent Care

Long Term Care Facility

Community Health

FQHC

Hospital

OBGYN

Other: \_\_\_\_\_

### If interested in learning more about other programs, please check the box(es) for each:

VFC

VFAAR

# PhilaVax Provider Reporting Agreement Form

## Section 3: Reporting Method & EHR Vendor Information

<b>Reporting Method Selection (select 1; more information on each method found in FAQ):</b> HL7 Version 2.5.1 Real Time Unidirectional through SOAP web services HL7 Version 2.5.1 Real Time Bidirectional through SOAP web services Electronic Health Record (EHR)/Billing Flat File Electronic Vaccination Reporting Template Flat File	
<b>Does your clinic use EHR/EMR?</b> Yes – If selected, continue to next question No – If selected, skip to signature	
EHR Vendor Name	EHR Product Name & Product Version
Date of Clinic's Last EHR Upgrade	Date of Next Upgrade (if scheduled)
EHR Contact First & Last Name	EHR Contact Title
EHR Contact Phone Number	EHR Contact Email Address
<b>Does your vendor provide front end services that will transport the immunization data?</b> Yes No – If selected, which Bridging Company will be used: _____	

By signing this form, the provider attests that they have reviewed the information outlined in the Provider Agreement Form and that all the information provided is accurate.

Provider Signature:	Provider Printed Name:
Title:	Date:

Please return the completed form to [VaxReporting@Phila.Gov](mailto:VaxReporting@Phila.Gov) or fax to (215) 238-6944.