

PhilaVax

Entity Enrollment 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 Responsible Entity Security and Confidentiality Agreement.

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.

PhilaVax is HIPAA compliant. HIPAA regulations do not prohibit covered entities or their business associates from reporting notifiable diseases/conditions or events, such as immunizations, to public health authorities. Submitting data on reportable diseases/conditions or events does not require covered entities to seek patient authorization for release of information, nor to document that information will be disclosed to public health authorities.

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

Providers are not required to obtain a release or authorization from patients, parents, or guardians to report immunizations to PhilaVax. 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."

In addition, HIPAA Section 164.512 (b)(1)(i) allows disclosure for public health activities to "a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability...the conduct of public health surveillance, public health investigations, and public health interventions..."

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

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).

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:

- Accessing and/or distributing PhilaVax records for any activity other than those outlined above, including (but not limited to) research, presentations, publications, sharing with unauthorized individuals.

VI. Responsible Entity Participation

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. 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 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 PhilaVax 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

Entity Enrollment Form



Type of Organization Represented:		
<input type="checkbox"/> Health System	<input type="checkbox"/> Private Clinic	<input type="checkbox"/> EMR Vendor <input type="checkbox"/> Other: _____
Name of Organization		
Mailing Address		
City	State	Zip Code
Email Address		
Phone Number	Extension	Fax Number

I, the undersigned, as a representative of the above named responsible entity, have read and agree to abide by the PhilaVax Responsible Entity Security and Confidentiality Agreement.

Entity Representative Name (Please print)	Title
Signature	Date



Please fax this form to: **(215) 238-6944**

Or email to: PhilaVax@phila.gov

PDPH USE ONLY

Date Received: _____

Approved?: _____

Entered By: _____

Clinic Code: _____