



**\*VIEW-ONLY\***

## **USER CONFIDENTIALITY AGREEMENT**

Nevada WebIZ is a web-based immunization information system (IIS) administered by the Nevada Division of Public & Behavioral Health, Bureau of Child, Family and Community Wellness, Immunization Program. Nevada WebIZ stores immunization records that can be retrieved, reviewed and updated for the purpose of providing immunization services and immunization-related assessment, referral and inventory management.



This form should only be used by those needing access to view data.

Anyone with a need to enter or alter data in Nevada WebIZ **MUST** attend training before access will be granted. If you need to enter or alter data in Nevada WebIZ please contact our help desk.

### For “View-Only” access:

Please read this statement carefully. All Users must read, understand and sign this Agreement before being given access to view data in Nevada WebIZ. Organizations new to viewing data in Nevada WebIZ are highly encouraged to attend a “view-only” training session.

### As a Nevada WebIZ User you agree to:

1. Use Nevada WebIZ only in the course of your assigned duties to provide immunization services and/or immunization-related assessment, referral and inventory management services.
2. Access Nevada WebIZ only from authorized computer terminals at your Agency/Employer.
3. Use Nevada WebIZ to access only those records of clients presenting to your Agency/Employer for services.
4. Maintain a confidential user password for your personal access only. Passwords must not be shared with any other individuals, including other authorized Nevada WebIZ users at your Agency/Employer. Any written documentation of your password should be maintained in a location that cannot be accessed by other individuals (e.g., in a locked filing cabinet).
5. Log off from the Nevada WebIZ system at the end of your shift or at any point when you must leave your workstation. In addition, position your computer monitor in such a manner to prevent unauthorized individuals from viewing Nevada WebIZ information on the screen.
6. Maintain confidentiality of patient information obtained from Nevada WebIZ as required by law of all medical record information.
7. Participate in required Nevada WebIZ training sessions and keep updated on other information provided on the Nevada WebIZ website or by Nevada WebIZ staff.
8. Notify Nevada WebIZ staff if you are no longer employed at this Agency/Employer, if your duties change such that you no longer require access to Nevada WebIZ, or if you plan to take a leave of absence from work for more than 90 days.



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## **USER CONFIDENTIALITY AGREEMENT (CONTINUED)**

As a Nevada WebIZ User you agree not to:

1. Examine or read any document or computer record contained in Nevada WebIZ containing confidential medical information, except on a “need to know” basis; that is, if required to do so in the course of your job duties.
2. Intentionally enter false information into Nevada WebIZ.
3. Compile any aggregate data or statistics from the program database except as authorized by the Nevada Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, Immunization Program.
4. Remove from a job site or copy any document or computer record containing confidential information unless authorized to do so or if required in the course of your job duties.



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## USER CONFIDENTIALITY AGREEMENT

I have read and understand the Nevada WebIZ User Confidentiality Agreement. I understand that records stored in Nevada WebIZ are confidential medical information. Inappropriate use or disclosure of patient information may result in civil and criminal penalties and revocation of my and/or my Agency's/Employer's access to Nevada WebIZ. I also understand that an electronic record (audit trail) will be created automatically by the Nevada WebIZ system and will document which Nevada WebIZ records I have accessed.

Information associated with your access and use of Nevada WebIZ may be provided to a patient seeking information about their Nevada WebIZ record in accordance with the Health Information Portability and Accountability Act (HIPAA). You may read more about HIPAA and patient rights to medical records by clicking [here](#).

I understand and agree to abide by the Nevada WebIZ User Confidentiality Agreement:

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Administer Vaccines: Yes  or No

Name of Practice(s)/Organization(s): \_\_\_\_\_

*If you work at more than one office, please see next page to list additional office locations.*

Does your office already have access to Nevada WebIZ: Yes  or No

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

(any email address provided will be added to the Nevada WebIZ User Email Distribution List)

Have you ever had a Nevada WebIZ user Account? Yes  or No  If "Yes", under what name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By entering your name in the signature field and ticking this box , you agree to the terms of this agreement.**

Please e-mail page 3 (& page 4 if needed) of the signed User Confidentiality Agreement to [izit@health.nv.gov](mailto:izit@health.nv.gov).

Keep a copy of this Agreement for your reference.

For question and additional information, call the Nevada WebIZ Help Desk at:  
775-684-5954 email [izit@health.nv.gov](mailto:izit@health.nv.gov)



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**Additional Offices**

If you work at more than one office and need access, please list the name and address of each office you will need access for below:

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Administer Vaccines: Yes  or No

Name of Practice(s)/Organization(s): \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Name of Practice(s)/Organization(s): \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Name of Practice(s)/Organization(s): \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Name of Practice(s)/Organization(s): \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_