



Hawaii State Immunization System (HiSIS) Confidentiality and Security Statement

All authorized users that collect, generate and/or store individually identifiable health information in the Hawaii Immunization Registry, hereinafter referred to as "the Registry" or "Registry", have a legal and ethical responsibility to protect the privacy of all patients. Immunization data and other individually identifiable health information maintained in the Registry is confidential and protected by law and by Registry policies.

Registry confidential data may include, but is not limited to, any of the following information whether it is in written, verbal, or electronic form:

- **Patient demographic information (including but not limited to name, birth date, address, telephone number)**
- **When applicable, patient parent or legal guardian demographic information (including but not limited to name, address, telephone number, maiden name)**
- **Patient immunization information (including but not limited to date of vaccine administration, vaccine type, dose number, route, site, and lot number)**

As a condition of authorized access to the Registry, I AGREE TO THE FOLLOWING:

1. I shall comply with the Hawaii State Immunization System Confidentiality and Privacy Policy, the Hawaii State Immunization System Security Policy, and all applicable State and Federal laws
2. I shall use the Registry to access information and generate documentation for authorized purposes only, as delineated in the Registry Confidentiality and Privacy Policy and User Agreement.
3. I shall limit my access to the Registry only to the information necessary to perform my required duties.
4. I shall not divulge or make public any information obtained from the Registry to unauthorized persons.
5. I shall not share my Registry access code and/or password with anyone.
6. I shall not allow anyone to access or alter information in the Registry under my identity.
7. I shall use appropriate safeguards for maintaining the confidentiality and security of any Registry information that I access or use, including appropriate use of computer passwords and appropriate destruction of materials, when warranted.
8. I shall promptly report to the Department of Health Immunization Branch any threat to or violation of the Registry Confidentiality and Privacy Policy and the Registry Security Policy. Reports made in good faith about such activities shall be held in confidence by the Department of Health Immunization Branch to the extent permitted by law.
9. I understand that violations of these responsibilities and duties shall subject me to sanctions. Sanctions may include, but are not limited to suspension or termination of access privileges to the Registry and legal liability.

I have reviewed the Hawaii State Immunization System Confidentiality and Privacy Policy and the Hawaii State Immunization System Security Policy, understand the terms, including the penalties for violation, and agree to comply with these Policies and the above requirements. I understand that the Registry Confidentiality and Security Statement is valid for a one-year period and must be renewed annually.