Print Form

STATE OF COLORADO

Bill Ritter, Jr., Governor
Martha E. Rudolph, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

http://www.cdphe.state.co.us

Colorado Department of Public Health and Environment

COLORADO IMMUNIZATION INFORMATION SYSTEM
DATA USE AND NON-DISCLOSURE AGREEMENT

The Colorado Immunization Program (CIP) of the Colorado Department of Public Health and Environment (CDPHE) maintains immunization information within the Colorado Immunization Information System (CIIS) that is confidential in accordance with Colorado Revised Statute (CRS) § 25-4-2403. CIIS is a secure, population-based, computerized information system that collects and disseminates consolidated immunization information for Coloradoans of all ages. CDPHE recognizes that it may become necessary for a researcher or specifically authorized person to obtain potentially identifying data from confidential records held by CDPHE in order to conduct legitimate research on the treatment, control, investigation, and prevention of diseases and conditions dangerous to the public's health. Access to potentially identifying information **may** be provided if all of the following conditions are met:

1. All data provided to the researcher are the property of CDPHE.

2. Researchers will provide CIIS with complete information about the aims and intentions of their research, as well as the names of all persons who will have access to the confidential information, by completing all items in the *Request for Data Form* of this document. Additionally, CIIS requires submission of a detailed study protocol including the following information: background, anticipated scientific benefits, target population, sample size(s), IRB approval status, specific research questions, procedures to be used to ensure confidentiality of the data, and the form in which, and to whom, results of the study will be released.

3. Use of confidential information is to be limited to the conditions defined in this agreement and in accordance with the CIIS Confidentiality Policy. The CIIS Confidentiality Policy applies to all individually identifiable information in all formats, including paper-based and electronic records. Pursuant to CRS 25-4-2403 (5) any person who releases or makes public confidential immunization records in any unauthorized manner commits a class 1 misdemeanor and upon conviction thereof, shall be punished as provided in CRS 18-1.3-501 (1). The unauthorized release of each record shall constitute a separate offense. Researchers are to avoid all actions that could disclose information to unauthorized persons.

4. Researchers access CIIS data must adhere to the policies and procedures as outlined in the CIIS Security Policy.

5. Copies of records or other materials containing confidential information are not to be made without the specific, written approval of CIP. This also applies to making copies of electronic data.

Initials: _____

6. Any release of results from the research project derived from CIIS data is to be in accordance with the terms of this agreement and must be **submitted to the CIP for review prior to release**. The following statement is to be included in the release of data derived from CIIS records:

   "These data were supplied in part by the Colorado Immunization Program of the Colorado Department of Public Health and Environment, which specifically disclaims responsibility for any analyses, interpretations, or conclusions based on the given data."

7. Provide a final copy of the product produced using CIIS data.

Violation of these conditions will automatically void this agreement and may result in the refusal of future research requests. Violations of these conditions may also result in legal prosecution per CRS §25-4-2403(5).

The CIIS Confidentiality Policy and CIIS Security Policy are reviewed and revised at least annually. You may obtain a copy of these CIIS policies from our website at:
http://www.cdphe.state.co.us/dc/Immunization/ciis/policy.html

Instructions

1. Prepare a copy of the detailed study protocol with all required information as described in item 2 above.
2. Complete the questions as outlined on the *Request for Data Form* of this agreement and have all persons who would access the data sign and date.
3. Person making request must initial all pages of this document.
4. Submit the completed/signed form and along with the detailed study protocol to Diana Herrero, CIIS Program Manager at diana.herrero@state.co.us or 303-758-3640. The information provided here, combined with the study protocol, will be the basis on which a decision will be made to provide access to CIIS immunization records.
5. **Incomplete requests will not be accepted**.
6. Signature by the CIIS Program Manager or CIP Director will constitute the agreement between the researcher(s) and CIP. This will permit access to information on selected records, specify the limits of such access, and define the use of information obtained from the records.
7. Written notice of CIP's decision will not exceed 30 days.

 Initials: _____

COLORADO IMMUNIZATION INFORMATION SYSTEM
REQUEST FOR DATA FORM

DATE: _____

CONTACT INFORMATION:

Organization:	
Type of Organization:	<Select One>
Project Title (if applicable):	
Principle Investigator:	
Name of Person Requesting Data:	
Phone:	
Fax:	
Email Address:	
Address:	
City, State Zip:	

REQUESTED DATE TO RECEIVE DATA? *(Requests will be processed as time permits)*

TYPE OF DATA NEEDED?

- ☐ Limited Dataset *(e.g., All provider types by county)*
- ☐ De-identified Aggregate Data
- ☐ Record level data that includes protected health information (PHI)*

**Only released to hospitals, practioners, schools, clinics, public health, managed care organizations/health insurance plans and Dept. of Healthcare Policy & Financing*

DEFINE THE SPECIFIC PARAMETERS REQUESTED:

Age range:	**Provider Type:**
Birth date:	**Gender:**
Service date:	**City:**
Vaccine/CPT:	**County:**
Lot #:	**Address:**
Provider:	**Other:**

Initials: _____

COLORADO IMMUNIZATION INFORMATION SYSTEM
REQUEST FOR DATA FORM

DATA FORMAT*: ☐ **MS Access** ☐ **Hardcopy** ☐ **SAS Data Set** ☐ **CVS Flat File** ☐ **Excel****
If Not Applicable, leave blank.
***Excel files only have 64K records on a worksheet; large datasets are not easily generated using this format.*

METHOD OF DELIVERY: ☐ **Email** ☐ **Fax** ☐ **Mail**
*If Not Applicable, leave blank.

SUMMARIZE THE PURPOSE OR USE OF THE DATA REQUESTED: *(Include how use of the data benefits the mission and goals of CDPHE.)*

SUMMARIZE THE FINAL OUTCOME(S) AND/OR RESULTS FROM THIS DATA: *(e.g., reports, presentations, compliance with statute, etc.)*

LIST ALL INDIVIDUALS (NAMES & TITLES) WHO ARE MAY ACCESS THE DATA:

THROUGH WHAT DATE WILL IS THE DATA NEEDED?
☐ Will look up data manually
☐ One-time Export
☐ Multiple Exports
Frequency: ☐ Weekly ☐ Monthly ☐ Bi-monthly ☐ Quarterly ☐ Annually

Initials: _____

SUMMARIZE THE POLICIES AND PROCEDURES YOU HAVE IN PLACE TO PROTECT AND SAFEGUARD THE DATA.

SUMMARIZE WHEN AND HOW YOU INTEND TO DESTROY ANY DATA PROVIDED THROUGH THIS REQUEST.

Principle Investigator	**Signature**	**Date**
Print Name	**Signature**	**Date**
Print Name	**Signature**	**Date**
Print Name	**Signature**	**Date**
Print Name	**Signature**	**Date**

(By signing, the Principle Investigator and key staff accessing CIIS data certify to the best of his/her knowledge that the information provided is accurate and all data requested is necessary for the stated purpose. Persons agree with the conditions for access to and use of CIIS information and agree to abide by the CIIS Confidentiality and Security Policies. Electronic signatures will not be accepted.)

Colorado Immunization Program Use Only

Special Conditions for Access:

_____

_____

_____

Approval **Date**

Initials: _____