

INSTRUCTIONS FOR NORTH CAROLINA IMMUNIZATION REGISTRY USER CONFIDENTIALITY AGREEMENT

PURPOSE:

This document constitutes an agreement between the North Carolina Immunization Program and employer.

PREPARATION:

1. Print or type the pharmacies' name.
2. The Employee signature must be an original; a stamp is not acceptable.
3. The agreement shall be available for review by Immunization Branch personnel.

DISPOSITION:

Completed (signed and dated) form must be retained in the facility until participation ends.

This form does not need to be returned to the NC Immunization Branch.

**North Carolina Immunization Registry
User Confidentiality Agreement**

As a user of the North Carolina Immunization Registry under,

I agree to abide by the following policies:

- 1. Use information contained in the registry only for purposes for which it is intended.
- 2. Release Immunization information only to those parties allowed access by North Carolina law and North Carolina administrative code.
- 3. Keep all information contained in the registry confidential.
- 4. Keep my assigned user ID and password confidential.
- 5. Report any violations of this confidentiality agreement.

Employee Name **Date**

Employee Signature

Pharmacy Name