

## VacTrAK User Agreement for Schools with Healthcare Provider on Staff

As a school employee and licensed healthcare provider (or assignee) on staff, I understand that I am responsible for maintaining the confidentiality of all immunization data within the Alaska State Immunization Information System (VacTrAK) that I may access during the course of my employment.

I have read the [VacTrAK Contract for Schools with Healthcare Provider on Staff](#) regarding disclosure to school nurses and understand the responsibilities I am assigned. I may only access proof of immunization data. I recognize and respect the confidential nature of this data. I may not disclose any data regarding an individual unless necessary to perform my duties or as required by law. I recognize that maintaining confidentiality includes not discussing confidential data/information outside of the workplace. I agree to limit my own access to person-specific immunization data in the system to that which is necessary to perform my job duties.

I agree to access immunization information only for pupils currently residing in, or who will be moving into, the school district or private school in which I am employed. Prior to accessing the immunization information in VacTrAK, parental consent must be received from either:

- a. A parent, guardian, or other person acting in the place of the parent of the individual, if the individual is an un-emancipated minor; or
- b. The individual, if the individual is an adult or emancipated minor.

Consent may be obtained orally or in writing, and need not be signed or contain the other elements required in a formal, written HIPAA authorization. While the agreement consent itself need not be in writing, an **authorized school is required to document consent to the disclosure.**

The [Authorization for Release of Immunization/TB Records to Comply with Alaska's "No Shots No-School" Law](#) may be used to document this access. Authorized School must provide evidence of consent for disclosure to DHSS staff when requested.

I agree to report unauthorized use or disclosure of confidential information and any event which may compromise the security of my VacTrAK account, including without limitation, the loss, theft, or unauthorized disclosure or use of a subscriber login and password, to VacTrAK immediately following the discovery of such unauthorized use or disclosure.

Employee First Name                      Middle Initial                      Last Name

Employee email address:

Employee signature

Date

Authorized VacTrAK Contact for School

Signature

Date