

ShowMeVax
MEMORANDUM OF AGREEMENT

The Missouri Department of Health and Senior Services (DHSS) and

(Organization/Facility Name)

do hereby enter into the following agreement. The purpose of this agreement is to identify each party's roles and responsibilities related to participation in the Department's web-based immunization registry ShowMeVax .

1. DHSS agrees to:

- provide an electronic means to access the web-based immunization registry ShowMeVax. DHSS technical staff will consult with technical staff designated by the above named Organization/Facility to determine the most appropriate means and assist in loading software when appropriate;
- support and maintain the ShowMeVax application;
- maintain availability of application assistance during posted support hours via a toll-free number to the ShowMeVax help desk:

The help desk operates from 8:00 AM to 5:00 PM, Monday through Friday (excluding state government holidays).

- make good faith effort to notify Organization/Facility of system impact information through email, fax and/or website announcements;
- provide appropriate level of access to Organization's/Facility's staff based on completed security access forms;
- maintain procedures to ensure the confidentiality of all data as required by applicable state and federal laws;
- maintain procedures to safeguard the data and system security features in the event of a disaster; and
- maintain and expand reporting capability.

2. Organization/Facility agrees to:

- provide data to update ShowMeVax, unless a read-only organization/facility;
- maintain at least one computer meeting minimum ShowMeVax requirements (including any additional required technology to access and run ShowMeVax);
- provide training for staff and ensure staff is properly trained prior to using ShowMeVax;
- orient staff to confidentiality and security issues; submit completed "Request for Access" forms signed by employee and their supervisor to the DHSS Security Administrator;
- identify a person at each site to serve as the contact person and to coordinate activities related to ShowMeVax between Organization/Facility and DHSS;
- submit an access form revoking or modifying access when an employee resigns or is reassigned to other duties;
- notify the ShowMeVax help desk immediately if a breach of security related to ShowMeVax is suspected or has occurred;

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- assure that data contained in ShowMeVax will only be used to determine the client status related to need for health care services;
 - identify clients that are due or past due for health care services, and to determine the quality and outcomes of health care services the client received;
 - data collected by mandated reporting will only be used for specified purposes. Data shall not be used for purposes such as marketing or purposes other than those the data were collected for without the written consent of the client/parent/guardian. Organization/Facility may use data about its clients in aggregate form for surveillance, assessment and determining quality indicators. Organization/Facility will only access data for authorized purposes;
 - restrict access to Medicaid information to clients enrolled in or being provided direct care by the participant; and
 - maintain the confidentiality of all data as required by applicable state and federal laws and will be liable for any and all breaches of confidentiality.
3. Sharing of data will be done in accordance with appropriate state statutes addressing disclosure of records.
4. Either party may terminate this agreement with 30 days prior written notice.
5. Implement appropriate safeguards to prevent unauthorized access to ShowMeVax.

The parties hereto have signed this Memorandum of Agreement on the date indicated.

ORGANIZATION REPRESENTATIVE
(CEO, Director, Superintendent, or Owner)

DHSS Representative

Name (Signature)

Name (Signature)

Bret Fischer

Name (Typed or Printed)

Name (Typed or Printed)

Director, Division of Administration

Title (CEO, Director, Superintendent, or Owner)

Title

Missouri Department of Health and Senior Services

Representing (Organization Name)

Representing

Date

Date

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SITE DEMOGRAPHICS

To assure accurate information will be used to enter the MEMORANDUM OF AGREEMENT (MOA) please complete this form and return it with the MOA to:

ShowMeVax Local Security Officer
Department of Health and Senior Services
Bureau of Immunization Assurance and Assessment
930 Wildwood Drive
Jefferson City, MO 65109

DATE	TYPED OR PRINTED NAME OF THE ORGANIZATION (WITHOUT PUNCTUATION) & FACILITY NAME IF APPLICABLE AS IT SHOULD APPEAR IN SHOWMEVAX APPLICATIONS:		
VACCINES FOR CHILDREN PROVIDER Y N IF YES, VFC PIN#			
FACILITY PHYSICAL LOCATION/STREET ADDRESS			
CITY		STATE	ZIP
FACILITY PHONE NUMBER (INCLUDE EXTENSION):		FACILITY FAX NUMBER	
TYPED OR PRINTED NAME OF THE REPRESENTATIVE (CEO, Director, Superintendent, or Owner) WHO SIGNED THE MOA			
TYPED OR PRINTED TITLE OF THE REPRESENTATIVE WHO SIGNED THE MOA			
E-MAIL ADDRESS OF A CONTACT AT THE SITE			

If a name similar to the name given for the organization is found to already be in the ShowMeVax database with the same address, the representative listed above will be contacted to verify the correct organization name.