STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

CT WiZ CONFIDENTIALITY AGREEMENT

The Connecticut Department of Public Health (CT DPH) Immunization Program's Connecticut Immunization Information System ("CT WiZ") allows real-time, comprehensive immunization information and inventory management to providers and users who are authorized by Connecticut General Statutes (CGS) Section 19a-7h and the CT WiZ Policies and Procedures ("Policies and Procedures") or any regulations adopted pursuant to CGS Section 19a-7h which replace the Policies and Procedures ("regulations"). Only authorized providers and users may access CT WiZ. In order to access CT WiZ, all authorized providers and users must read and sign this CT WiZ Confidentiality Agreement, which is also posted on the CT DPH Immunization Program's Laws and Regulations webpage.

Pursuant to Section 19a-7h-5 of the Policies and Procedures, this CT WiZ Confidentiality Agreement must be signed upon the initial request for access to CT WiZ and must be renewed every two years. The CT WiZ Confidentiality Agreement must be signed electronically in CT WiZ by checking the "Click to Accept" button.

By signing this agreement, I confirm that I understand and agree that:

1. I am a health care provider, as defined in CGS Section 19a-7h(a), a school nurse, as defined in Section 10-212-1 of the Regulations of Connecticut State Agencies, a director of a local health department or district or such director's designee, a representative of a federal health care service provider entity that administers vaccinations, or a representative of a state or city with an immunization information system approved by CT DPH to report to CT WiZ.

2. I will use CT WiZ and the information contained therein only for the purposes authorized by CGS Section 19a-7h and the Policies and Procedures or regulations adopted thereunder, as follows:

   - For health care providers, pursuant to CGS Sections 19a-7h(c) and (d), to input information on vaccinations administered (and vaccinations not administered due to contraindication, exemption, or titer test), to determine if patients require immunizations, and to officially document immunization status to meet immunization entry requirements for child care, school, or higher education.

   - For school nurses, pursuant to CGS Sections 19a-7h(c) and (e), to verify the immunization status of school children in the school nurse's jurisdiction and, if applicable, to input information on vaccinations administered.

Connecticut Department of Public Health
410 Capitol Avenue, MS 11 MUN
Hartford, Connecticut 06134-0308

Phone: (860) 509-7929 Fax: (860) 707-1925
https://portal.ct.gov/immunization/public-landing-page/all-about-ct-wiz

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- For directors of local health departments and districts and their designees, pursuant to CGS Section 19a-7h(f), to evaluate the immunization status of the people living in the local health department's or district's jurisdiction in order to address under-vaccinated communities and improve health equity.

- For representatives of federal health care service provider entities that administer vaccinations, pursuant to CGS Section 19a-7h(g), to report and obtain immunization information, in accordance with a data exchange agreement with CT DPH.

- For representatives of states and cities with immunization information systems, pursuant to CGS Section 19a-7h(g), to report and obtain immunization information, in accordance with a data exchange agreement with CT DPH.

3. All information contained in CT WiZ is confidential pursuant to CGS Sections 19a-7h and 19a-25, and I agree that I will not disclose, discuss or share any information I obtain from or through my access to CT WiZ, except as permitted by CGS Sections 19a-7h and 19a-25 and the Policies and Procedures or regulations adopted thereunder, or as required by federal law.

4. I understand that any personal information obtained from CT WiZ, including but not limited to materials containing copies of or modifications or additions to the original personal information, are confidential and subject to the provisions of this CT WiZ Confidentiality Agreement in the same manner as the original information.

5. I will not share my CT WiZ log-in information with anyone.

6. If a data breach, a cyber security threat or incident, or any unauthorized disclosure occurs with my CT WiZ log-in information or my facility's electronic health record that has an established interface with CT WiZ, I will stop using CT WiZ immediately and will notify the CT DPH Immunization Program as soon as possible but not later than twenty-four hours after becoming aware of the data breach, cyber security threat or incident, or unauthorized disclosure. I will notify the CT DPH Immunization Program using one of the two following methods:

- Submitting a helpdesk ticket at https://dph-cthelpdesk.ct.gov/Ticket. (For the "system" field, select "Immunizations (CT WiZ)." For the "category" field, select "Cybersecurity Threat." For the "topic" field, select "Reporting a Cyberthreat.")

- Calling the CT DPH Immunization Program at (860) 509-7929 and providing details of the incident including the date the incident began and date it was resolved, system(s) involved, and my contact information.

7. After a data breach, cyber security threat or incident, or unauthorized disclosure, I will resume use of CT WiZ only after being directed on and completing next steps provided by the CT DPH Immunization Program.

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8. I have read and will comply with CGS Sections 19a-7h and 19a-25, and the Policies and Procedures, or any regulations that are adopted pursuant to Section 19a-7h.

9. I understand that if I violate this CT WiZ Confidentiality Agreement, or any applicable statute or regulation, my access to CT WiZ may be terminated and that CT DPH may take necessary legal action if a violation occurs.

TO ELECTRONICALLY SIGN THIS DOCUMENT IN CT WiZ, CLICK ON THE "CLICK TO ACCEPT" BUTTON AND CLICK "SAVE".

Thank you for ensuring the confidentiality of CT WiZ data.

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