

III. Data Submission

As NMSIIS contains protected health information, the User agrees to protect the confidentiality of the data at all times. The data is not to be shared with any unauthorized individual or entity, nor shall it be used for purposes or under conditions other than those approved by the NMSIIS Program. The User signing this agreement agrees to take all applicable security measures to maintain the confidentiality and security of the data, to insure its limited access and to comply with the conditions of its use.

The User further agrees to safeguard their NMSIIS ID and Password and not allow the use of that ID and Password by any other person.

The undersigned User has read, understands, and agrees to abide by this NMSIIS User Security and Confidentiality Agreement and NMSIIS program policies and procedures.

*** PLEASE PROVIDE ALL REQUESTED INFORMATION**

* VFC Pin/Org ID #: * 

* Organization Name: La Familia Medical Center

* Site Name: (Alto Clinic, Southside Clinic, Health Care for the Homeless)

Org Id#
Alto - 232
S.S. - 277
HCH - N025

*Printed Name of User: Your Printed Name Goes Here

*Date: Today's Date

Choose the site where you work.

*Phone Number: Work Phone Number

*Primary E-mail Address: Work Email

Alternate E-mail Address: Leave Blank

Please digitally sign after choosing level of access needed.

* Signature of User: Your Signature Goes Here

** Please choose the level of access needed.*

If you are a Data Exchange location your access is limited, and data entry is required via your EMR/EHR.

Site Administrator Inventory Manager Standard User Reports Only

Other: _____

Choose "Standard User" unless directed otherwise

* Date of Training: (Date on Certificate)

* Trained By: (Clinical Educator or Trainer)

Submit this form and the NMSIIS training certificate to LFMCTR Clinical Education home page via the intranet link.