



HL7 DATA SHARING AGREEMENT

Nevada State Immunization Program – Nevada WebIZ
4150 Technology Way, Suite 210
Carson City, NV 89706
PH: 775-684-5954 Fax: 775-687-7596



Nevada State Immunization Program
(hereinafter referred to as “NSIP”)
and
Insert Provider Name
(hereinafter referred to as "**Insert Prov Abbrev**")

This HL7 DATA SHARING AGREEMENT is hereby entered into between NSIP and **Insert Prov Abbrev**.

DESCRIPTION OF ELECTRONICALLY-STORED DATA TO BE PROVIDED

- Historical Immunization Data (*electronic documentation of immunizations administered by a provider other than **Insert Prov Abbrev** OR by **Insert Prov Abbrev** prior to their use of Nevada WebIZ*).
- Administered Immunization Data (*electronic documentation of immunizations administered by **Insert Prov Abbrev***).

SCOPE OF SERVICE

- Insert Prov Abbrev** will submit to Nevada WebIZ all historical electronic immunization data (as defined above) in their possession to Nevada WebIZ. Historical immunization information submission is requested for the purpose of completing established immunization records in Nevada WebIZ.
- Insert Prov Abbrev** will, on an ongoing basis, submit all administered immunization data to Nevada WebIZ (regardless of patient age).

TERMS OF AGREEMENT

This agreement shall commence upon the start of the project and will stay in affect as long as **Insert Prov Abbrev** is submitting immunization data to Nevada WebIZ. Data integrity is of the utmost importance and there are three facets of data quality to consider: formatting, accuracy, and completeness. **Insert Prov Abbrev** (or their IT support) shall be responsible for ensuring that all data is submitted in the correct format. **Insert Prov Abbrev** is also responsible for the accuracy and completeness of the data. **Insert Prov Abbrev** is responsible for the ongoing maintenance of these data quality facets along with correcting and resubmitting any incorrect data as long as **Insert Prov Abbrev** is submitting data to Nevada WebIZ.

EXPECTATIONS

- _____ **Insert Prov Abbrev** acknowledges that they (or their IT support) have working knowledge of the components, including any additional software and/or modifications to their electronic health record (EHR) software, necessary to establish an interface with Nevada WebIZ via web service.
- _____ **Insert Prov Abbrev** understands and recognizes that acknowledgement (ACK) messages sent via HL7 by Nevada WebIZ to **Insert Prov Abbrev** can and should be reviewed. **Insert Prov Abbrev** (or their IT support) will establish and implement an achievable protocol for monitoring these ACK messages on a regular basis, identifying errors, and for taking action to rectify identified errors.
- _____ **Insert Prov Abbrev** is responsible for verifying that the number of immunizations administered & documented in their EHR matches the number of immunization records that went into Nevada WebIZ. **Insert Prov Abbrev** will establish and implement a report reconciliation process for verifying these numbers on a regular basis, identifying discrepancies, and taking action to rectify all discrepancies.

(Please initial)



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UPDATING NEVADA WEBIZ RECORDS (VXU MESSAGE)

Method of Submission

_____ **Insert Prov Abbrev** will submit immunization data to Nevada WebIZ via web service. The frequency of submission will be **real-time, hourly, daily, or weekly**.

(Please initial)

QUERYING NEVADA WEBIZ RECORDS (QBP MESSAGE)

Though certain data quality measures are taken for aspects such as age appropriateness and timeliness, NSIP cannot guarantee the accuracy or validity of the data contained in the Nevada WebIZ database. Parties requesting data through a HL7 query (QBP) message assume liability for the validity of the data received in response to the query message.

Method of Retrieval *(if applicable in the future)*

_____ **Insert Prov Abbrev** will request immunization data from Nevada WebIZ via web service. The frequency of querying will be **real-time, hourly, daily, or weekly**.

(Please initial)

Nevada WebIZ is a confidential, population-based, computerized database used to record all immunization doses administered in Nevada and is maintained according to standards set by the Centers for Disease Control & Prevention.

Both Parties agree to protect the confidentiality of the data submitted to and stored in Nevada WebIZ, to use it only for purposes outlined by Nevada law and to not disclose the data to any third party.

The NSIP is HIPAA exempt because it does not provide direct medical services nor does it bill for medical services.

The contacts/persons responsible at **Insert Prov Abbrev** for the immunization interface are listed on page 3. If any of the contact information changes, **Insert Prov Abbrev** is responsible for notifying NSIP immediately so the information can be updated at the State.

By signing this HL7 DATA SHARING AGREEMENT, both parties agree to the stipulations outlined in the agreement.

Insert Prov Abbrev will be asked to sign an HL7 Data Sharing Agreement every two years.

Nevada State Immunization Program

Insert Provider Name

Print Name

Print Name

Title

Title



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Insert Provider Name

CONTACTS/PERSONS RESPONSIBLE FOR THE IMMUNIZATION INTERFACE

Practice Manager/Hospital CNO

Print Name

Title

Phone

Email

Interface Analyst/IT Support Person

Print Name

Title

Phone

Email

Report Reconciliation Monitor

Print Name

Title

Phone

Email

Data Quality Monitor *(if applicable)*

Print Name

Title

Phone

Email