



New Mexico Statewide Immunization Information System (“NMSIIS”) Disclosure to Patient/Parent/Legal Guardian Decision to Remove Record from NMSIIS

Background

The New Mexico Statewide Immunization Information System (“NMSIIS”) is a HIPAA compliant, secure, web-based system that was designed to keep track of immunizations (shots) for you and your family. It documents shots when administered and provides a personalized schedule of recommended shots according to CDC immunization schedules. It can help a person stay current with shots and avoid getting more shots than needed. NMSIIS was authorized by law in 2004 for healthcare providers to record patients’ shots. In 2013, the law was amended making it a *requirement* for healthcare providers to enter information about all patients’ shots (infant through elders) into NMSIIS.

Who can see shot records?

The law allows these healthcare providers to use NMSIIS: primary care physicians, nurses, pharmacists, managed care organizations, school nurses and other appropriate health care providers or public health entities as determined by the Secretary of Health (for example, the New Mexico Women, Infants & Children Program has been approved to use NMSIIS). Providers who have completed NMSIIS training and received personal log-in credentials can see shot records and use NMSIIS to help their patients get the shots that are needed.

What kind of personal information is recorded in NMSIIS?

- Name
- Date of birth
- Name of responsible person (for example, parent or guardian)
- Contact information for patient or a child’s responsible person (for example, address, phone, email)
- Record of shots received
- Shot reactions, if any
- Medical conditions that could influence a decision whether to give a shot
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What are patients’ rights?

- Patients may review personal shot record, or child’s record
- Patients may inform providers or New Mexico Department of Health (NMDOH) about mistakes and/or missing information
- Patients may choose to receive or not receive *reminders* about getting shots that are due
- Patients may choose to make personal record, or child’s record, *private* (available ONLY to patient’s personal healthcare provider)
- Patients may choose to personally keep track of their (their children’s) shots and decide to remove an existing personal (or child’s) record from NMSIIS (decision to remove record from NMSIIS)

What are healthcare providers’ responsibilities?

- Providers shall enter immunization data into the State’s immunization registry (NMSIIS)
- Providers shall direct patients to the appropriate form for decisions to remove record(s) from NMSIIS (see <http://nmhealth.org/about/phd/idb/imp/siis/>)
- Providers shall direct patients to submit their Decision to Remove Record forms to NMDOH

Who do I talk to about my shot record or my questions?

Talk to your healthcare provider:

- to ask for a copy of your shot record or your child’s shot record
- to report errors or missing information in a shot record
- to provide information about “historical shots” (received in some other state), for inclusion in NMSIIS
- to get the NMDOH form, Decision to Remove Record from NMSIIS

To contact the NMSIIS Help Desk about concerns regarding a NMSIIS record, call 1-833-882-6454



**New Mexico Statewide Immunization Information System
(NMSIIS) Decision to Remove Record from NMSIIS**

I have read the New Mexico Statewide Immunization Information System (“NMSIIS”) *Disclosure to Patient/Parent/Legal Guardian*. I understand that I have the right to have my (my child’s) existing NMSIIS record destroyed, by removing all of my (my child’s) existing client and immunization information from NMSIIS.

By Deciding to Remove the NMSIIS record for myself or my child, I am aware that:

- My healthcare provider may not have access to my (my child’s) entire immunization history unless my healthcare provider is the only one who has given me (my child) all lifetime immunizations;
- I (my child) may be expected to get immunized again because my healthcare provider has no proof that I (my child) already received the immunization(s);
- I (my child) may miss getting immunized and therefore be susceptible to a vaccine-preventable disease;
- My child may not be allowed to enroll in school if I cannot present proof of all required immunizations, per New Mexico law.

Please Print CLEARLY in the spaces provided below:

Patient’s First Name:

Date of Birth:

Patient’s Last Name:

Patient’s Primary Care Provider/Location:

Parent/Legal Guardian First Name:

Phone ()

Parent / Legal Guardian Last Name:

Today’s Date:

By signing below, I state that I understand the consequences of deciding to remove my (my child’s) record retrospectively from NMSIIS and I agree that I am responsible for my decision and any consequences; and, that I may later decide to Participate in the Registry by notifying my (my child’s) immunization healthcare provider(s) to enter my (my child’s) immunization record(s) in the Registry. *Completion and delivery of this form to the NMDOH is in compliance with N.M.S.A 24-5-11 and the corresponding NMSIIS Regulations.*

I swear (or affirm) that all of the forgoing statements are true to the best of my information, knowledge and belief.

Signature (Parent/Guardian Signature)

Date:

Subscribed and sworn before me this

(Day)

(Month)

(Year)

Notary’s Signature and Seal

(Date my Commission Expires)

The original, signed, notarized Decision to Remove Record form should be mailed or hand-delivered to:

New Mexico Department of Health
Immunization Program
Attn: Immunization Registry (NMSIIS)
P O Box 26110/1190 St. Francis Drive, Suite S-1250
Santa Fe NM 87502-6110