

Completing the MIIC Data Use Agreement

MIIC USER GUIDANCE AND TRAINING RESOURCE

This document will provide information on how to complete and submit the electronic Minnesota Immunization Information Connection (MIIC) Data Use Agreement (DUA).

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Background

Data privacy, security, and data quality are top priorities for MIIC. Organizations must complete and submit a DUA before being set up in MIIC, and every three years while participating, as a commitment to upholding these priorities. The DUA must be submitted electronically using the process outlined below.

This DUA is completed at the organizational level. Individuals seeking a MIIC user account should contact their MIIC Administrator or the MIIC Help Desk at health.miichelp@state.mn.us.

Starting the Data Use Agreement

Access the electronic DUA at [MIIC DUA Attestation](https://redcap.health.state.mn.us/redcap/surveys/?s=47EYXHNHLRH7YER)
(<https://redcap.health.state.mn.us/redcap/surveys/?s=47EYXHNHLRH7YER>).

For additional information and resources about the DUA visit [Participating in MIIC](https://www.health.state.mn.us/people/immunize/miic/participate/index.html)
(<https://www.health.state.mn.us/people/immunize/miic/participate/index.html>).

Organization information

The DUA starts by collecting organizational information. Consider the organization as a whole when responding to the initial questions. Please provide a response to all required questions.

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Name of Organization <small>* must provide value</small>	<input type="text"/>
Are you signing this Agreement on behalf of a Tribal Nation? <small>* must provide value</small>	<input type="button" value="Yes"/> <input type="button" value="No"/> <small>reset</small>
Does your organization have multiple facilities that wish to participate in MIIC? <small>* must provide value</small>	<input type="button" value="Yes"/> <input type="button" value="No"/> <small>reset</small>
Does _____ currently participate in MIIC? <small>* must provide value</small>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unsure"/> <small>reset</small>
MIIC Organization Code	<input type="text"/>
Type of Organization	<input type="text"/>

Street Address <small>* must provide value</small>	<input type="text"/>
City <small>* must provide value</small>	<input type="text"/>
State <small>* must provide value</small>	<input type="text"/>
Zip <small>* must provide value</small>	<input type="text"/>
Main Phone Number <small>* must provide value</small>	<input type="text"/> <small>{xxx}xxx-xxxx</small>

- Name of Organization: Provide the name of the entire organization and not the name of any one specific facility within the organization.
- If your organization wishes to enroll multiple facilities, you will be prompted to download and complete the [Facilities Participating in Minnesota Immunization Information Connection \(MIIC\) Spreadsheet \(www.health.state.mn.us/people/immunize/miic/participate/facilities.xlsx\)](http://www.health.state.mn.us/people/immunize/miic/participate/facilities.xlsx). All facilities within an organization must have their own, unique Organization Code. Organizations can opt to sign one DUA on behalf of all facilities within their organization provided the list all facilities covered by this legal agreement in the facilities spreadsheet.
- You must upload a completed facilities spreadsheet in the 'Upload Facility Spreadsheet' field at the end of this section before final signature and submission of the DUA. **You will not be able to submit the DUA until your spreadsheet has been uploaded.**
- Refer to section titled '[Guidance on completing the Facility Spreadsheet](#)' for additional instructions.

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Facilities Spreadsheet Template

Select the link below to download the facilities spreadsheet template. List all the facilities that the agreement covers on the spreadsheet template. Use the "Instructions" tab of the template for assistance. **Do not complete this spreadsheet if ____ does not have the authority to sign legal agreements on behalf of the facilities you wish to include.**

Save a copy of the completed facilities spreadsheet as you will need to upload it to this agreement before submission.

If this is a renewal and you have 20 or more facilities, please click Save & Return at the bottom of the screen and contact the MIIC Help Desk at health.miichelp@state.mn.us to request a copy of the most recent facilities spreadsheet we have on file. Include your organization code with your request.

Attachment:  [MIIC Facilities Spreadsheet TEMPLATE.xlsx](#) (47.3 kB)

Upload Facility Spreadsheet

* must provide value

 [Upload file](#)

- If your organization currently participates in MIIC, please enter your MIIC Organization Code. For organizations with multiple facilities that participate in MIIC, provide the Organization Code for the parent or admin account.
- Choose the organization type that most closely matches your organization's functions and purpose. Find more detailed definitions of these organization types at [MIIC Data Use Agreement FAQ \(www.health.state.mn.us/people/immunize/miic/participate/duafaq.pdf\)](http://www.health.state.mn.us/people/immunize/miic/participate/duafaq.pdf).
 - You may be asked additional questions based on the type of organization you are classified as.
- Indicate if your organization is a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). Both are designations from the Centers for Medicare & Medicaid Services (CMS). If your clinic is an FQHC look-alike select 'Neither.'
- Enter the address information for the organization you are filling the DUA out on behalf of.
 - If you are a multi-facility include the address information for facility that is at the top level of your organization (the admin/parent organization). Depending on your organizational structure, this could be an address to a centralized business office.
- Indicate whether your organization administers vaccines or intends to report historical and/or update client demographic information.
- Select if your organization uses bulk query via MDH Cloud Drive or AISR. If you are not sure mark 'unsure'.

Review and Attestation of the Terms of the MIIC Data Use Agreement (DUA)

Review and Attestation of the Terms of the MIIC Data Use Agreement (DUA)

A PDF of the terms of the DUA is available at [Content for the Data Use Agreement for Participating in the Minnesota Immunization Information Connection - Minnesota Dept. of Health \(state.mn.us\)](#). Organizations are encouraged to retain a copy for their records.

The REDCap form will display each section of the DUA followed by a list of questions for your organization to respond to, attesting that your organization is committed to upholding all terms of the DUA. If at any time you need to navigate away from the DUA form to consult with colleagues, you can use the 'Save & Return Later' button at the bottom of the screen. Learn more about this functionality in the section titled '[Save & Return Later function](#)'.

Select an answer and attest to all questions for each term of the MIIC DUA. To see a PDF of all terms of the DUA, visit [Content for the Data Use Agreement for Participating in the Minnesota Immunization Information Connection \(www.health.state.mn.us/people/immunize/miic/participate/duatext.pdf\)](http://www.health.state.mn.us/people/immunize/miic/participate/duatext.pdf). Please retain a copy for your records.

The sections of the DUA are as follows:

- Allowable uses of MIIC Information.
- Participating in MIIC.
- Requirements for Participating in MIIC.
- Ensuring MIIC Data Privacy and Sharing.

Organizational contact information

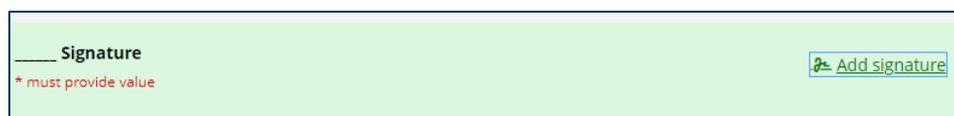
Depending on your organization type, MIIC may require organizations to provide a contact person for several MIIC-specific contacts:

- **Authorized Representative:** Contact who is authorized to sign legal documents on behalf of an organization.
- **MIIC Administrator:** Contact who will be responsible for creating and managing user accounts in MIIC.
- **Immunization Record Contact:** Contact who can answer questions about any data reported by their organization.
- **MIIC Technical Contact:** Contact who can assist your users with any technical issues they are having, including troubleshooting data exchange problems, browser compatibility concerns, or non-MIIC application questions (e.g., Microsoft issues).

Note: The same individual can be listed for multiple contacts.

Data Use Agreement signature

The Authorized Representative must submit an electronic signature by adding their signature.

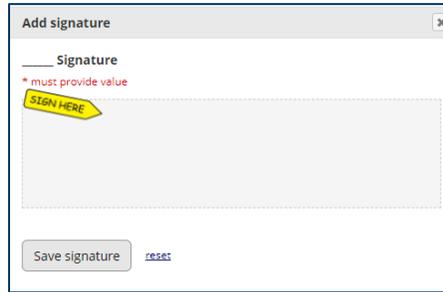


Signature
* must provide value

 Add signature

Select the 'add signature' option for the electronic signature box to pop up. Once it has popped up sign then hit the 'save signature' button.

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Data Use Agreement submission

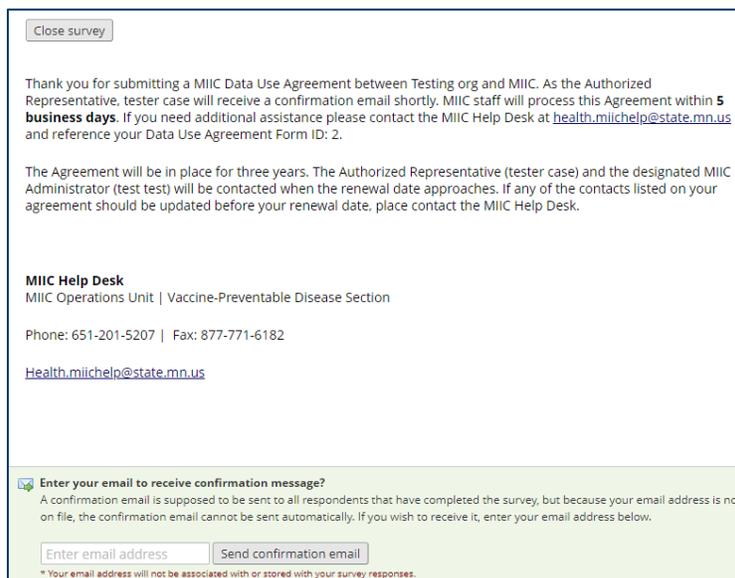
After reviewing your responses, you can submit the DUA to MDH by selecting 'Submit' on the bottom of the screen. When you are ready to complete the DUA, click "Submit" on the bottom of the screen.



Data Use Agreement confirmation

- After submitting the DUA you will be directed to a confirmation page, which will list your Form ID.
- To maintain a copy of the completed DUA for your records, download the PDF via the button on the bottom of the screen.
- To end, click "close survey" in the top left corner or close your browser.
- A staff member from the MIIC Help Desk will contact you via email once the DUA has been processed. This may take up to 5 business days.

Note: If you have questions about the status of your completed DUA, contact the Help Desk at health.miichelp@state.mn.us and reference your Form ID.



Close survey

Thank you for submitting a MIIC Data Use Agreement between Testing org and MIIC. As the Authorized Representative, tester case will receive a confirmation email shortly. MIIC staff will process this Agreement within **5 business days**. If you need additional assistance please contact the MIIC Help Desk at health.miichelp@state.mn.us and reference your Data Use Agreement Form ID: 2.

The Agreement will be in place for three years. The Authorized Representative (tester case) and the designated MIIC Administrator (test test) will be contacted when the renewal date approaches. If any of the contacts listed on your agreement should be updated before your renewal date, please contact the MIIC Help Desk.

MIIC Help Desk
MIIC Operations Unit | Vaccine-Preventable Disease Section

Phone: 651-201-5207 | Fax: 877-771-6182

Health.miichelp@state.mn.us

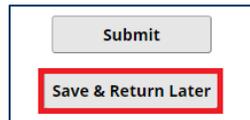
 **Enter your email to receive confirmation message?**
A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

* Your email address will not be associated with or stored with your survey responses.

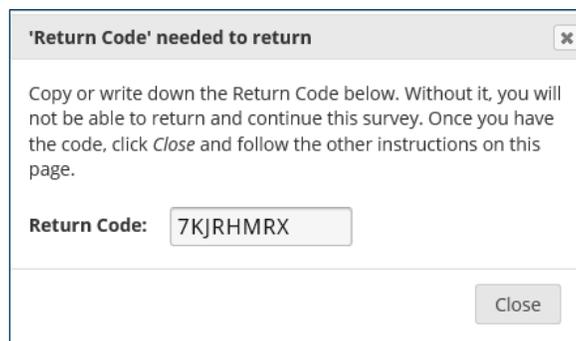


Save & Return Later function

If at any point you need to step away from the DUA, you can save your progress by clicking the “Save & Return Later” button at the bottom of the screen.

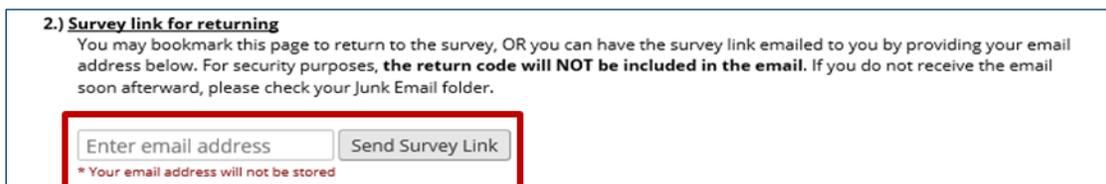


A pop-up window will display your return code. Note this code as you will need this to be able to return at a later time.



In addition to the return code, you will need the survey link. The survey link can be obtained one of two ways.

1. Bookmark the page.
2. Receive the code via email.
 - Enter your email address and click “Send Survey Link.”



Returning to the agreement

Navigate to the page by either:

1. Choosing your bookmark for the page **OR**
2. Clicking the survey link in the email you received. Click “Returning?” in the top right corner and select the “Continue the survey” button.

Enter your return code and click “Submit your Return Code”. You will be taken to the beginning of the DUA. Click “Next Page” to navigate to the page you left off on.



Returning? Begin where you left off.

If you have already completed part of the survey, you may continue where you left off. All you need is the return code given to you previously. Click the link below to begin entering your return code and continue the survey.

[Continue the survey](#)

To continue the survey, please enter the RETURN CODE that was auto-generated for you when you left the survey. Please note that the return code is *not* case sensitive.

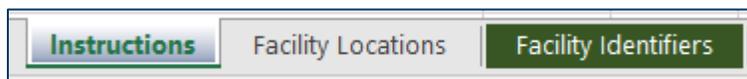
●●●●●● [Submit your Return Code](#)

Appendix

Guidance on completing the Facilities Spreadsheet

Note: This section applies to organizations that are filling out the DUA on behalf of multiple facilities.

The facilities spreadsheet consists of three different tabs.



Instructions tab

This tab walks through all the different fields in the spreadsheet and what should be entered for those fields.

Facility locations

This tab is where all the locations that are covered by the submitted DUA should be listed. The following information should be included for each facility:

- Facility name.
- Facility type.
- The immunization record contacts information- this should be the person at your organization that is able to answer questions about any data your organization submitted to MIIC.
- The address of the facility.
- Whether the facility listed administers vaccines or not.
 - If they administer vaccinations put 'Y'.
 - If they don't administer vaccines and will just be querying MIIC put 'N'.

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- Whether the DUA applies to that facility or not.
 - If the DUA submitted is being signed on behalf of the facilities listed put 'Y'.
 - There are some situations where 'N' would be used in this column, but this would only apply for DUA renewals.
- Enter the MIIC org code for each facility if you have it.

Note: If you have questions about the above fields send an email to the MIIC Help Desk at health.miichelp@state.mn.us.

Facility identifiers tab

This tab is where you can enter any identifier information if it applies to the facility types listed. Fields listed below are required for select organizations:

- MN licensed provider information is required if the facility listed is an out of state location.
- Pharmacy license is required if the facility is a pharmacy.
- DHS child care license or certification is required if the organization is a childcare, head start, or preschool.

Minnesota Department of Health
Minnesota Immunization Information Connection (MIIC)
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651-201-5207
health.miichelp@state.mn.us
www.health.state.mn.us/miic

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To obtain this information in a different format, call: 651-201-5207.