

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. Starting October 2020, 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 [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

- Please enter information for all required fields.
- If you are currently using MIIC, please enter your MIIC Organization Code.
- Choose the organization type that most closely matches your organization’s functions and purpose. Find more detailed definitions of these organization types at [Frequently Asked Questions: MIIC Data Use Agreement](https://www.health.state.mn.us/people/immunize/miic/participate/duafaq.pdf) (<https://www.health.state.mn.us/people/immunize/miic/participate/duafaq.pdf>).
- If the DUA covers multiple facilities, provide information for the facility that is at the top level of your organization – oftentimes referred to as the umbrella or parent of an organization. In some cases, this may be the organization’s administrative office instead of an operational clinic.

Organization Information

Organization Name <small>* must provide value</small>	<input style="width: 90%;" type="text"/>
<i>If your organization is already set up in MIIC, please provide the code your users enter when they log in.</i>	
MIIC Organization Code	<input style="width: 90%;" type="text"/>
Organization Type <small>* must provide value</small>	<input style="width: 90%;" type="text" value="v"/>
Street Address <small>* must provide value</small>	<input style="width: 90%;" type="text"/>
City <small>* must provide value</small>	<input style="width: 90%;" type="text"/>
State <small>* must provide value</small>	<input style="width: 40%;" type="text" value="v"/>
ZIP Code <small>* must provide value</small>	<input style="width: 90%;" type="text"/>

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Save & Return Later

Uploading a Facilities Spreadsheet

If an organization’s DUA covers more than one facility, the organization must list all of those facilities in 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) and email the file to the MIIC Help Desk (health.miichelp@state.mn.us).


- Download and save a copy of the facilities spreadsheet template by clicking on the “Facilities Spreadsheet Template.xlsx” link. Save the file and continue answering the questions in the DUA.
- Sign and submit the DUA.
- After you have submitted the DUA, finish completing the facilities spreadsheet and send it to the MIIC Help Desk at health.miichelp@state.mn.us. Include the Record ID in the email.
- When your spreadsheet is complete, click the green “Upload file” link.

Facilities Spreadsheet Template

List all the facilities that the agreement covers on the spreadsheet template. Use the “Instructions” tab of the template for assistance.

Email the completed facilities spreadsheet to the MIIC Help Desk at health.miichelp@state.mn.us. Please reference **Record ID 1410 in your email so that your facilities spreadsheet is processed with your submitted Data Use Agreement.**

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:  [Facilities Spreadsheet Template.xlsx](#) (3.02 MB)

Organizational Contact Information

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

- Authorized Representative
- MIIC Administrator
- Immunization Record Contact
- MIIC Technical Contact

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

Data Use Agreement Signature

- The Authorized Representative must submit an electronic signature by typing their name in the signature box.

Signature

By my signature, I affirm that I have authority to enter this Agreement for the Organization listed above, all facilities associated with the Organization, and all members of the Organization who use MIIC. I have read, understand, and agree to abide by the above requirements. I understand that if any current or future facility or member of our Organization violates MIIC confidentiality requirements, the Commissioner of the Minnesota Department of Health may terminate our facility's, member's, or Organization's access to MIIC immediately. Any member of the Organization in violation of MIIC confidentiality requirements may be subject to penalties imposed by law. I also understand this Agreement may be terminated upon 30 days' notice by either MDH or the Organization with or without cause.

<p>Authorized Representative's Signature * must provide value</p>	<div style="border: 2px solid red; height: 20px; width: 100%;"></div> <p style="font-size: 0.8em; margin: 5px 0;">Typing your name constitutes a legal signature confirming that you acknowledge and agree to the terms above.</p>
<p>Agreement Date * must provide value</p>	<div style="display: flex; align-items: center; gap: 10px;"> <input style="width: 80px;" type="text" value="03-20-2020"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="button" value="📅"/> <input style="width: 60px;" type="button" value="Today"/> M-D-Y </div>

Data Use Agreement Submission

- When you are ready to complete the DUA, click “Submit” on the final screen.

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Submit

Save & Return Later

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.


COMPLETING THE MIIC DATA USE AGREEMENT

[Close survey](#)

Thank you for submitting a MIIC Data Use Agreement between Healthy Minnesotans and MIIC. Your Authorized Representative will receive a confirmation email shortly. MIIC staff will process your agreement within **5 business days**. If you need additional assistance please contact the MIIC Help Desk and reference your Data Use Agreement **Form ID: 72.**

The agreement will be in place for three years. Your Authorized Representative and MIIC Administrator 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
Minnesota Department of Health
Fax: 651-201-5501 | health.miichelp@state.mn.us

 You may return to this survey in the future to modify your responses by navigating to the survey URL and entering the code below.

Return Code:

Download your survey response (PDF): [Download](#)

Save & Return Later Function

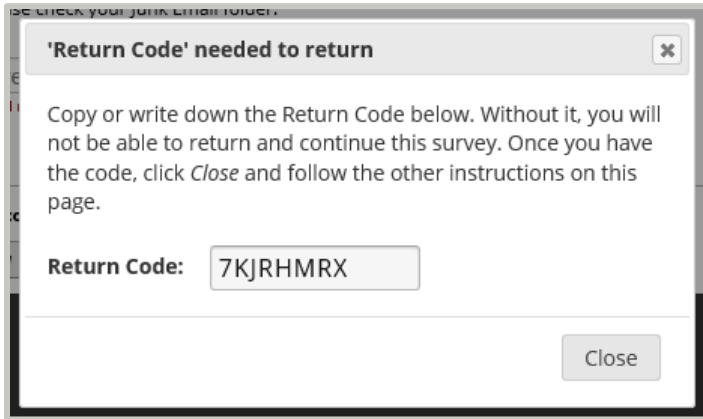
If at any point you need to step away from the DUA, you can save your progress by clicking the “Save & Return Later” button at the bottom of the screen.

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[Save & Return Later](#)

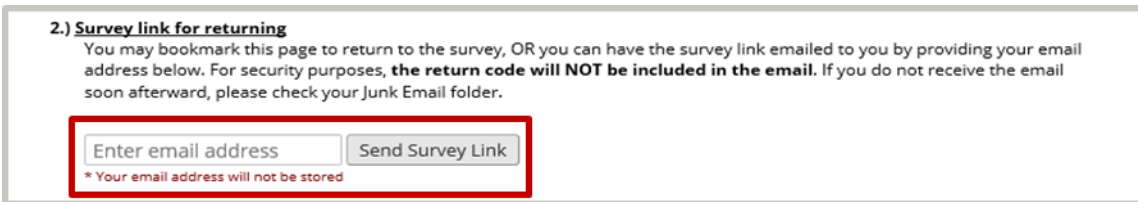
A pop-up window will display your return code. Note this code as you will need this to be able to return at a later time.

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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.
 - a. 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.



COMPLETING THE MIIC DATA USE AGREEMENT

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](#)

Minnesota Department of Health
Minnesota Immunization Information Connection
PO Box 64975
St. Paul, MN 55164-0975
651-201-5207
health.miichelp@state.mn.us
www.health.state.mn.us/people/immunize/miic

4/5/21

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