DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
IMMUNIZATION PROGRAM
(671) 735-7143

GuWebIZ Security and Confidentiality Policy

The Guam Immunization Information Registry, also known as GuWebIZ, is a confidential Immunization Information System that collects and selectively discloses information to authorized persons about the identity, demographics, primary health care provider, and vaccination history of persons in Guam (45 CFR § 164.512(b), P.L. 24-154 and 10GCA Ch3 Sect3326 and 3327).

The purpose of GuWebIZ is to consolidate immunization information among public and private health care providers, assure adequate immunization levels, and to avoid unnecessary immunizations (over immunization). Registry data is used by providers to: monitor the immunization status of children and adults, generate coverage rates, set reminder/recall notices to those delinquents for age-appropriate vaccinations; and assess immunization practices employed by health care providers.

Access to GuWebIZ is limited to sites that either provide immunization services or sites that verify and/or update a person's immunization status are required to ensure that persons are immunized. Patient specific information is only available to "Authorized Users" such as employees of the Department of Public Health and Social Services (DPHSS) Immunization Program, nurses (both school and clinical), physicians, medical assistants, pharmacy, childcare providers, medical clerks, and office managers. The privacy of participants and the confidentiality of information contained in the registry shall be protected at all times by all authorized users.

Participation in GuWebIZ is strictly voluntary and required for providers who are recipients of Vaccine for Children (VFC) and Adult Programs.

Notification of one's immunization information in the registry will be through DPHSS consent form or a provider, school, or childcare centers' system, and the Office of Vital Statistics. Consenting to have a record in the registry means that personally identifiable information and data describing immunizations will be entered into the system.

Parent/guardians and individuals may "opt-out" of the registry on behalf of their children/wards or themselves by requesting, in writing to DPHSS, that the records be removed from the registry.

All authorized users of the registry must complete a GuWebIZ User Security and Confidentiality Agreement. Authorized users must be associated to a Provider, in which an Authorized Provider will complete the Provider Agreement form.

I. Use of Registry Data
   a. Authorized users may access GuWebIZ, when needed, to coordinate immunization services, assure adequate immunization, assess immunization coverage levels, confirm compliance with immunization requirements, control disease outbreaks, and to compile statistics describing immunization status for groups of enrolled health plan clients.

b. Authorized users who access GuWebIZ will comply with the rules and regulations as described in the User Security and Confidentiality Agreement. Access level will be determined by DPHSS Immunization Program Supervisor, at the time of enrollment and will comply with all applicable federal and local mandates that govern individual health information.
c. Health plans and approved research may request access to registry data for research and statistical purposes, determined in accordance with departmental rules. Health plans and approved research may be viewed but may only access records of patients for whom they are clinically or contractually responsible.
d. Once approved by DPHSS Immunization Program and has completed training, authorized users may access and utilize the system.
e. Parents/guardians and individuals may request a copy of their or child(s) immunization record through an enrolled authorized GuWebIZ provider.

II. Compliance

All enrolled providers shall maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of health information. Registry staff may conduct periodic assessments of privacy and security policies.

a. Upon DPHSS approval, deidentified aggregate patient information may be shared to outside requestors if a legitimate justification is submitted.
b. DPHSS will ensure that access is limited to legally mandated circumstances.
c. In the event that DPHSS discovers unauthorized disclosure and/or dissemination of registry data, DPHSS shall promptly notify the authorized provider and authorized requestor of violations and any subsequent legal actions.

III. Violations

a. Unauthorized release of patient and immunization information (without consent of individual or parental for minors) from GuWebIZ for personal use or to anyone not involved in the administration, data entry, assessment, or review.
b. Falsifying and tampering of Immunization data.
c. Breach of Health Insurance Portability and Accountability Act (HIPAA)

IV. Record Retention Term

a. DPHSS shall retain data provided to the GuWebIZ for such period of time as allowed by applicable law

Acknowledge by: _____ _____

Print Name and Signature Date

For additional information, contact:

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