

# Gaining Access to the Maryland Immigrant & Refugee Information System (MIRIS)

## Instructions to Local Health Department and Contracted Clinic Staff

These instructions detail the process for applying for permission to use the DHMH Prevention and Health Promotion Administration (PHPA), Infectious Disease Bureau (IDB), Office of Immigrant Health (OIH) confidential data set, the Maryland Immigrant & Refugee Information System (MIRIS). All the necessary forms are enclosed with this document.

These instructions briefly summarize the policy established by Health Officer Memo [HOM] 99-100 on Confidentiality Policy and Procedures. The applicant should refer to the health officer memo for complete details.

### ***Instructions:***

**1)** The local health department (LHD) or federally qualified health center (FQHC) employee should first read and sign the ***Confidentiality Policy and Agreement*** (adapted from attachment 3 of HOM 99-100).

**2)** Next, please complete the ***Application Form for Access to the Maryland Immigrant & Refugee Information System (MIRIS)*** (adapted from attachment 2 of HOM 99-100), including the signatures of the employee and the health officer or supervisor. Both documents should be forwarded to DHMH, Office of Immigrant Health, fax: 410-383-1762. The complete mailing address is:

Maryland Department of Health and Mental Hygiene  
500 N. Calvert Street, 5<sup>th</sup> Floor  
Baltimore, MD 21202

ATTN: Office of Immigrant Health

**3)** On receipt, the application will be handled this way:

- A) Date stamped on receipt.
- B) Reviewed by the Chief, OIH. The signature of the Chief will indicate approval.
- C) After the Chief signs the application, it will be forwarded to the MIRIS manager who will:
  - i) Assign a User Id and password (if required) and enter information in the bottom section of the application form.
  - ii) Maintain a file of the original applications for OIH.

**Prevention and Health Promotion Administration, Infectious Disease Bureau,  
Office of Immigrant Health, Department of Health and Mental Hygiene**

## **Confidentiality Policy and Agreement**

**Adapted From Attachment 3, Health Office Memo 99-100**

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I agree to maintain the confidentiality of all paper and electronic records with which I come in contact with in my employment, including information on persons who are reported to the program.

I will not reveal or refer to the names or identifying information of persons reported to the program unless I am required to do so for legal, medical, or epidemiologic purposes, as approved by the Health Officer, designee, or DHMH personnel.

I will not reveal, discuss, or mention any aspect of a person's medical or social history or laboratory data, even if not linked to the person's name, nor will I reveal, discuss, or mention information about his/her contacts, unless I am required to do so, as stated in paragraph two, above.

In circumstances in which I am required to provide information about an individual, outbreak, or entity that has been reported, I will follow established procedures designed to minimize breach of confidentiality.

I understand that electronic or paper copies of individual or aggregated medical or public health records may only be released by authorized personnel who will follow established procedures. I will refer all requests from the media and attorneys to a supervisor, a Health Officer, or personnel at DHMH. I will delete electronic copies of data and dispose of paper copies in a manner specified by the health department to minimize breach of confidentiality.

If a particular situation arises in which I am uncertain about whether I should release patient information, I will ask my supervisor or staff at the PHPA, IDB, OIH, DHMH for instruction.

I will regard my computer account user identification number and password as confidential and will not share them with anyone or post them in a place accessible to others.

I understand that if, through willful or negligent behavior on my part, patient confidentiality is violated, my behavior is grounds for civil and criminal penalties and disciplinary action, up to and including immediate dismissal.

**By my signature on this DHMH Confidentiality Policy and Agreement retained by my employer, I agree to the above.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Application Form for Access to the Confidential MIRIS Data Set

(Adapted From: Attachment 2, Health Officer Memo 99-100)

Data sets(s) to which individual needs access	MIRIS						
Name of individual who will have access to confidential databases							
Position							
Business Address							
Work Telephone							
Fax number							
e-mail address							
State why this individual's access to these data is necessary to protect the public health or prevent spread of infectious or contagious disease							
List statute(s) under which this individual is authorized to perform these functions (e.g., 18-101, 102, 103; COMAR 10.06.01) see Appendix.							
Signature of Health Officer or Supervisor							
Signature of employee							
Signed confidentiality statement on file at LHD?							
PHPA Signature of approval	Chief, Office of Immigrant Health, PHPA, IDB, DHMH						
Logon ID and Date issued	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">System/Database</td> <td style="width: 33%; border: none;">Assigned ID/Password</td> <td style="width: 33%; border: none;">Date</td> </tr> <tr> <td style="border: none;"><u>MIRIS</u></td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	System/Database	Assigned ID/Password	Date	<u>MIRIS</u>	_____	_____
System/Database	Assigned ID/Password	Date					
<u>MIRIS</u>	_____	_____					

Submit to: Maryland Department of Health and Mental Hygiene, 500 N. Calvert Street, 5<sup>th</sup> Floor, Baltimore MD, 21202  
 ATTN: Office of Immigrant Health  
 Fax (410) 383-1762

## Appendix

### HEALTH - GENERAL

#### TITLE 18. DISEASE PREVENTION

##### SUBTITLE 1. GENERAL RESPONSIBILITIES OF SECRETARY

#### **Md. HEALTH-GENERAL Code Ann. § 18-101 (2012)**

##### § 18-101. Investigations into causes of disease and mortality

The Secretary shall investigate:

- (1) The causes of disease and, particularly, the causes of epidemics;
- (2) The causes of mortality; and
- (3) The influence of locality, employment, habit, and other conditions on health.

### HEALTH - GENERAL

#### TITLE 18. DISEASE PREVENTION

##### SUBTITLE 1. GENERAL RESPONSIBILITIES OF SECRETARY

#### **Md. HEALTH-GENERAL Code Ann. § 18-102 (2012)**

##### § 18-102. Infectious and contagious diseases

(a) Rules and regulations. -- The Secretary shall adopt rules and regulations necessary to prevent:

(1) The introduction of an infectious or contagious disease into this State or other disease that endangers public health in this State; or

(2) The spread of an infectious or contagious disease or other disease that endangers public health in this State.

(b) Investigation and action. -- When the Secretary has reason to believe that an infectious or contagious disease or other disease that endangers public health exists within the State, the Secretary shall:

(1) Investigate the suspected disease; and

(2) Act properly to prevent the spread of the disease.

(c) Vaccination against meningococcal disease for on-campus student residents. --

(1) Except as provided in paragraph (2) of this subsection, an individual enrolled in an institution of higher education who resides in on-campus student housing shall be vaccinated against meningococcal disease.

(2) An individual is exempt from the vaccination requirement in paragraph (1) of this subsection if:

(i) The institution of higher education provides detailed information on the risks associated with meningococcal disease and the availability and effectiveness of any vaccine to:

1. The individual, if the individual is 18 years of age or older; or

2. The individual's parent or guardian, if the individual is a minor; and

(ii) 1. The individual is 18 years of age or older and the individual signs a written waiver in a form approved by the Secretary stating that the individual has received and reviewed the information provided and has chosen not to be vaccinated against meningococcal disease; or

2. The individual is a minor and the individual's parent or guardian signs a written waiver in a form approved by the Secretary stating that the parent or guardian has received and reviewed the information provided and has chosen to not have the individual vaccinated against meningococcal disease.

(3) Nothing in this subsection shall be construed to require any institution of higher education to provide or pay for vaccinations against meningococcal disease.

(4) The Secretary, in consultation with the Maryland Higher Education Commission, shall adopt regulations necessary to implement this subsection.

(d) Right of entry; inspections. -- The Secretary may enter on and inspect private property to determine the presence, cause, and source of an infectious or contagious disease or other disease that endangers public health in this State.

## HEALTH - GENERAL

### TITLE 18. DISEASE PREVENTION

#### SUBTITLE 1. GENERAL RESPONSIBILITIES OF SECRETARY

#### **Md. HEALTH-GENERAL Code Ann. § 18-103 (2012)**

##### § 18-103. Communicable diseases

(a) In general. -- The Secretary shall:

(1) Obtain accurate and complete reports on communicable diseases in this State;

(2) Determine the prevalence of each communicable disease; and

(3) Devise means to control communicable diseases.

(b) Bulletin. -- The Secretary shall publish monthly a communicable disease bulletin for health officers and other related health professionals.