

Introducing the  
Massachusetts Immunization Information System

# MIIS

## Fact Sheet for Parents and Patients



**T**he MIIS is a new statewide system to keep track of immunization records for you and your family. These records list the vaccinations (shots) you and your children get to protect against measles, chickenpox, tetanus, and other diseases. The goal is to make sure that everyone in Massachusetts is up-to-date with their shots and that your records are available when you need them – such as when your child enters school, when you need emergency medical help, or when you change healthcare providers.

### What is the MIIS?

- A computerized system that collects and stores basic immunization information for people who live in Massachusetts.
- A secure and confidential system, as required by Massachusetts law.
- A system that is available for people of all ages, not just children.

### How will it help me?

The MIIS:

- Helps you and your family get the best care wherever you go for your healthcare.
- Makes sure that you and your children don't miss any shots or get too many.
- Can print a record for you or your children when you need it – if you move, if your doctor retires, or when your child starts school or camp.

### Why is this important?

- As you know, the schedule of shots needed to keep healthy can be very complicated. The MIIS:
- Helps your healthcare provider keep track of which shots are due and when they should be given.
  - Keeps all your immunization records together for you, your family, and your healthcare provider.
  - Provides proof of vaccination for your children.
  - Helps prevent outbreaks of disease like measles and the flu in your community.
  - Keeps shot records safe during natural disasters such as flooding or hurricanes.



## What information is kept in the MIIS?

- A list of shots that you or your children have received as well as any that you or your children get in the future.
- Information needed for safe and accurate immunization of each patient, such as:
  - » Full name and birth date.
  - » Gender (male or female).
  - » Mother's maiden name (for children).
  - » Address and phone number.
  - » Provider office where each shot is given.

## How does this information get into the system?

- Information about children is added when a child is born or when a child gets his or her first shots.
- Your healthcare provider can add your records or your family's records if they are not already in the MIIS.

## Who has access to my records?

- The Department of Public Health (DPH) uses modern technology to make sure that all information entered into the MIIS is kept secure and confidential.
- The information in the MIIS is only available to:
  - » Healthcare providers or others ensuring appropriate immunization, as authorized by DPH.
  - » Schools.
  - » Local boards of health.
  - » DPH, including the WIC program, and other state agencies or programs that provide education and outreach about vaccines to their clients.
  - » Studies specially approved by the Commissioner of Public Health which meet strict legal safeguards.

## What if I don't want my information shared?

- You have the right to limit who can see your information.
- To limit who can see your information, you need to fill out the 'Objection or Withdrawal of Objection to Data Sharing' form which you can get from your healthcare provider.
- If you decide to limit who can see your information, your current healthcare provider will be able to see the shots they have given to you or your children, but may not be able to see your complete immunization history.
- If you decide to limit who can see your information, you will not have access to all of the benefits of the MIIS, like sharing your immunization records with schools and emergency rooms, and a complete record of shots in a single place.
- You can change your mind (decide to share or not share your information) at any time.

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## How can I get more information?

Please visit our website at [www.mass.gov/dph/miis](http://www.mass.gov/dph/miis), contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850, or ask your healthcare provider for more information.

# MIIS

## SHARING YOUR IMMUNIZATION INFORMATION Objection (or Withdrawal of Objection) Form

The Massachusetts Immunization Information System (MIIS) keeps track of all immunizations which doctors and health care providers give to patients in Massachusetts. The system has been created according to state law (M.G.L c. 111, Section 24M), and is operated by the Massachusetts Department of Public Health (MDPH). All information in the MIIS is kept confidential.

The law requires that immunizations be reported to the MDPH through the MIIS. It allows for the information to be shared among doctors and nurses providing your care, school nurses, local boards of health, and staff at state agencies involved with immunization (including the WIC Program). The MIIS enables a new health care provider to check what shots you or your child have received in the past from other providers. Your records will only be available to those involved in your care, who have a reason to know about them. You have the right to limit who else may see your or your child's information in the MIIS. If you prefer that your or your child's immunization history **not** be shared in this way, you need to **Object to sharing** your or your child's immunization information. If you have changed your mind or if you change your mind in the future and decide to share the information with more healthcare providers, you will need to **Withdraw your previous objection** to sharing your or your child's immunization information.

### What it means to Object to the sharing of your or your child's immunization information:

- Your or your child's immunization history will **not** be seen by all healthcare providers in the MIIS.
- Your or your child's immunization information will still be in the MIIS, but only the provider(s) who gives you shots and the Department of Public Health will be able to see it.
- *Please note:* **you** will need to keep track of your or your child's immunization records in the event that you change doctors or get immunizations from other health care providers.
- **How to Object to the sharing of your or your child's immunization information:**
  - Check the box next to "I OBJECT" on the other side of this form and complete the information requested.
  - Give the completed form to your healthcare provider, or send by fax or mail to the Department of Public Health at the contact information provided on the other side of this form.

### What it means to Withdraw a previous objection to sharing your or your child's immunization information:

- You have changed your mind and decide to share your or your child's information with all of your or your child's healthcare providers who are using the MIIS.
- Once the Withdrawal has been processed your records will be made available to individuals involved in your care, who have a reason to know about them.
- **How to Withdraw a previous objection:**
  - Check "I WITHDRAW MY PREVIOUS OBJECTION" on the other side of this form and complete the information requested.
  - Give the completed form to your healthcare provider or send by fax or mail to the Department of Public Health at the contact information provided on the other side of this form.



# MIIS

## SHARING YOUR IMMUNIZATION INFORMATION Objection (or Withdrawal of Objection) Form

Name of Patient: \_\_\_\_\_

**I OBJECT** to the sharing of information in the MIIS about me or my child. I understand that this will keep my or my child's doctor or other health care provider from being able to check the MIIS for immunization information that comes from other health providers. I further understand that this objection will not prevent my child or me from receiving immunizations.

**I WITHDRAW MY PREVIOUS OBJECTION to the sharing** of immunization information in the MIIS about me or my child. I understand that by signing and submitting this form, the MIIS will be able to share immunization information with my or my child's doctor(s) or other health care providers and other persons allowed by law to view this information.

**Patient's Information** (this information is necessary to properly identify the patient):

Name: _____ Last First MI	Date of Birth: ____/____/____ MM / DD / YYYY
Mother's Maiden Name: _____ For child younger than 18 yrs of age	Gender: _____
Address: _____	Phone#: (____) _____
City: _____ State: _____	Zip Code: _____

**Parent/Guardian Information** (required if form is completed for a child younger than 18 years of age):

Name: _____ Last First MI	Date of Birth: ____/____/____ MM / DD / YYYY
Relationship to Patient: _____	<input type="checkbox"/> CHECK IF ADDRESS & PHONE # ARE SAME AS PATIENT'S
Address: _____	Phone#: (____) _____
City: _____ State: _____	Zip Code: _____

**Signature of Patient, or Parent/Guardian** (if child is younger than 18 years of age):

Signature: _____	Date: _____
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**Health Care Provider Use Only** – please enter your contact information, mail or fax a copy of the form to MDPH, and keep the original for the patient's record:

<input type="checkbox"/> CHECK TO CONFIRM THE DATA SHARING STATUS WAS CHANGED IN THE MIIS FOR THE ABOVE PATIENT. If an objection, change the patient's data sharing status to No. If a withdrawal, change patient's data sharing status to Yes.
Staff Member's Name: _____
Facility or Practice Name: _____
Vaccine PIN#: _____ Staff Phone#: (____) _____ ext: _____

**Please submit this form by mail or fax to the Massachusetts Department of Public Health:**

Mailing Address: Massachusetts Immunization Information System (MIIS)  
Immunization Program  
Massachusetts Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130

Fax: 617-983-4301

MDPH Date Received: _____; Date Processed: _____; Initials: _____
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