



VIP Account Enrollment Electronic Death Registration System (EDRS)

A Guide for Burial Agents
&
City/Town Clerks

Vitals Information Partnership (VIP) System
Registry of Vital Records and Statistics (RVRS)
Massachusetts Department of Public Health
April 2015



Objectives

This overview will present information about the forms necessary to enroll and configure burial agents in the:

- Commonwealth's Virtual Gateway (VG) portal; and
- Registry of Vital Records and Statistics' (RVRS) Vitals Information Partnership (VIP) Electronic Death Registration System (EDRS).

By the end of this session, you will have the basic information needed to successfully:

- Complete your organizational and individual VG and VIP enrollment forms
- Submit your VG and VIP enrollment forms to RVRS



The Five VG/VIP Forms

Three forms are needed to establish an account in the Commonwealth's Virtual Gateway, and two forms are needed to customize your access to the VIP EDRS.

If you do not already have the VG/VIP forms, you can download them here:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/dmoa/vitals/edrs/vip-edrs-board-of-health-burial-agent-.html>

Four of these forms need to be completed just once for each organization.

- Only one form needs to be completed by each user.

<u>Just one per organization:</u>	<u>One for each individual user:</u>
1. Virtual Gateway (VG) Services Agreement	5. VIP User Agreement (VIP)
2. Designation of Access Administrator Agreement (VG)	
3. User Request Form (VG)	
4. Sub Organization Form – with BOH designation letter (VG)	

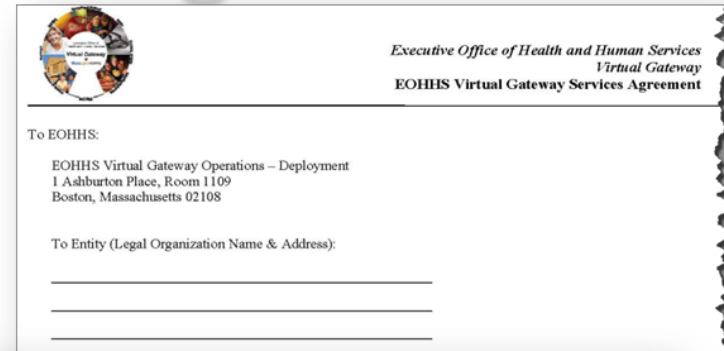



Virtual Gateway Services Agreement

The three-page VG Services Agreement defines the terms by which your organization will be granted access to the Commonwealth's Virtual Gateway.

A person authorized to sign legal agreements for your organization should read and sign the Services Agreement.

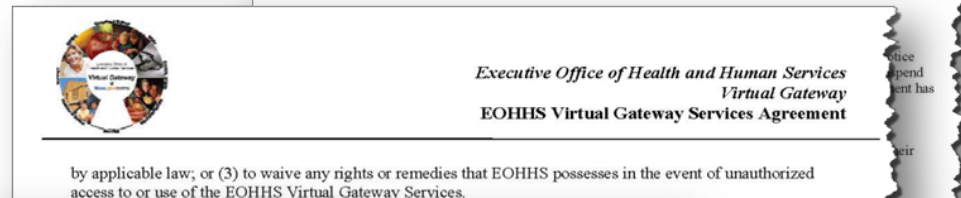
Submit only one form per organization.





**Executive Office of Health and Human Services
Virtual Gateway
EOHHS Virtual Gateway Services Agreement**

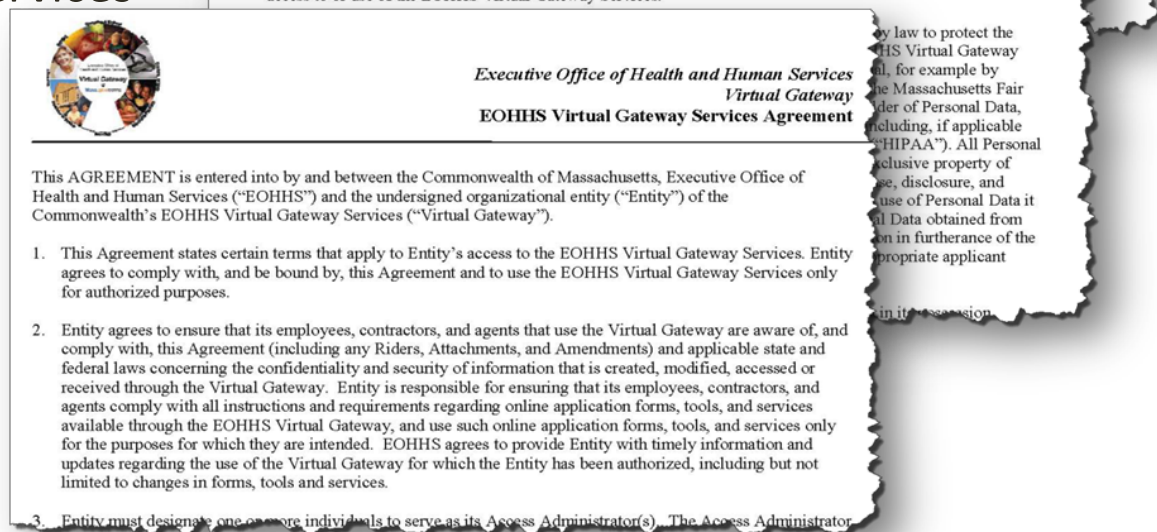
To EOHHS:
EOHHS Virtual Gateway Operations – Deployment
1 Ashburton Place, Room 1109
Boston, Massachusetts 02108


To Entity (Legal Organization Name & Address):




**Executive Office of Health and Human Services
Virtual Gateway
EOHHS Virtual Gateway Services Agreement**

by applicable law; or (3) to waive any rights or remedies that EOHHS possesses in the event of unauthorized access to or use of the EOHHS Virtual Gateway Services.




**Executive Office of Health and Human Services
Virtual Gateway
EOHHS Virtual Gateway Services Agreement**

This AGREEMENT is entered into by and between the Commonwealth of Massachusetts, Executive Office of Health and Human Services ("EOHHS") and the undersigned organizational entity ("Entity") of the Commonwealth's EOHHS Virtual Gateway Services ("Virtual Gateway").

1. This Agreement states certain terms that apply to Entity's access to the EOHHS Virtual Gateway Services. Entity agrees to comply with, and be bound by, this Agreement and to use the EOHHS Virtual Gateway Services only for authorized purposes.
2. Entity agrees to ensure that its employees, contractors, and agents that use the Virtual Gateway are aware of, and comply with, this Agreement (including any Riders, Attachments, and Amendments) and applicable state and federal laws concerning the confidentiality and security of information that is created, modified, accessed or received through the Virtual Gateway. Entity is responsible for ensuring that its employees, contractors, and agents comply with all instructions and requirements regarding online application forms, tools, and services available through the EOHHS Virtual Gateway, and use such online application forms, tools, and services only for the purposes for which they are intended. EOHHS agrees to provide Entity with timely information and updates regarding the use of the Virtual Gateway for which the Entity has been authorized, including but not limited to changes in forms, tools and services.
3. Entity must designate one or more individuals to serve as its Access Administrator(s). The Access Administrator



Virtual Gateway Services Agreement

Cities and Towns who will act as Burial Agents already have accounts with the Virtual Gateway and do not need to fill this form out.

In these cases Cities/Towns will use the Sub Organization form and need to procure a letter from the local Board of Health designating the City/Town Clerks office the Burial Agent



Executive Office of Health and Human Services
Virtual Gateway
EOHHS Virtual Gateway Services Agreement

To EOHHS:

EOHHS Virtual Gateway Operations – Deployment
1 Ashburton Place, Room 1109
Boston, Massachusetts 02108

To Entity (Legal Organization Name & Address):



Executive Office of Health and Human Services
Virtual Gateway
EOHHS Virtual Gateway Services Agreement

by applicable law; or (3) to waive any rights or remedies that EOHHS possesses in the event of unauthorized access to or use of the EOHHS Virtual Gateway Services.



Executive Office of Health and Human Services
Virtual Gateway
EOHHS Virtual Gateway Services Agreement

This AGREEMENT is entered into by and between the Commonwealth of Massachusetts, Executive Office of Health and Human Services ("EOHHS") and the undersigned organizational entity ("Entity") of the Commonwealth's EOHHS Virtual Gateway Services ("Virtual Gateway").

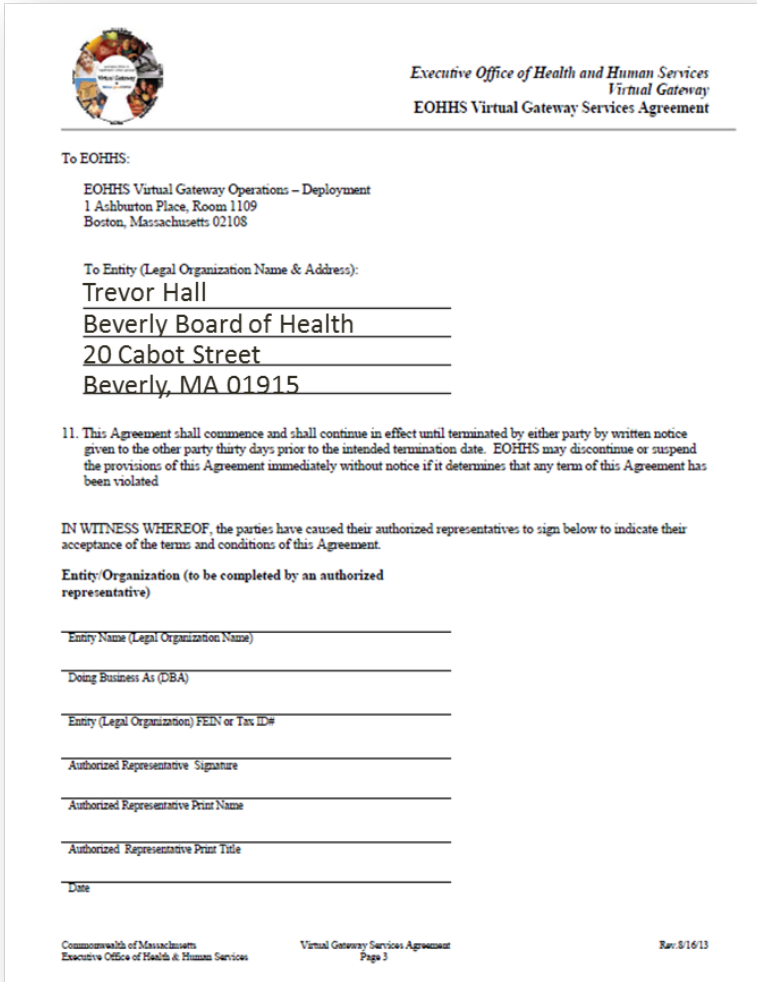
1. This Agreement states certain terms that apply to Entity's access to the EOHHS Virtual Gateway Services. Entity agrees to comply with, and be bound by, this Agreement and to use the EOHHS Virtual Gateway Services only for authorized purposes.
2. Entity agrees to ensure that its employees, contractors, and agents that use the Virtual Gateway are aware of, and comply with, this Agreement (including any Riders, Attachments, and Amendments) and applicable state and federal laws concerning the confidentiality and security of information that is created, modified, accessed or received through the Virtual Gateway. Entity is responsible for ensuring that its employees, contractors, and agents comply with all instructions and requirements regarding online application forms, tools, and services available through the EOHHS Virtual Gateway, and use such online application forms, tools, and services only for the purposes for which they are intended. EOHHS agrees to provide Entity with timely information and updates regarding the use of the Virtual Gateway for which the Entity has been authorized, including but not limited to changes in forms, tools and services.
3. Entity must designate one or more individuals to serve as its Access Administrator(s). The Access Administrator


VG Services Agreement

This form should be read and completed by the person that has authority to sign on behalf of the Board of Health

At the top of page 3 (“To Entity”), enter:

- Name of Authorized Representative (usually the ...)
- Name of Organization Represented
- Address of Organization



 *Executive Office of Health and Human Services
Virtual Gateway
EOHHS Virtual Gateway Services Agreement*

To EOHHS:
EOHHS Virtual Gateway Operations – Deployment
1 Ashburton Place, Room 1109
Boston, Massachusetts 02108

To Entity (Legal Organization Name & Address):
Trevor Hall
Beverly Board of Health
20 Cabot Street
Beverly, MA 01915

11. This Agreement shall commence and shall continue in effect until terminated by either party by written notice given to the other party thirty days prior to the intended termination date. EOHHS may discontinue or suspend the provisions of this Agreement immediately without notice if it determines that any term of this Agreement has been violated.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to sign below to indicate their acceptance of the terms and conditions of this Agreement.

Entity: Organization (to be completed by an authorized representative)

Entity Name (Legal Organization Name)

Doing Business As (DBA)

Entity (Legal Organization) FEIN or Tax ID#

Authorized Representative Signature

Authorized Representative Print Name

Authorized Representative Print Title

Date

Commonwealth of Massachusetts
Executive Office of Health & Human Services

Virtual Gateway Services Agreement
Page 3

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VG Services Agreement



Executive Office of Health and Human Services
Virtual Gateway
EOHHS Virtual Gateway Services Agreement

To EOHHS:

EOHHS Virtual Gateway Operations – Deployment
1 Ashburton Place, Room 1109
Boston, Massachusetts 02108

To Entity (Legal Organization Name & Address):

Trevor Hall

Beverly Board of Health

20 Cabot Street

Beverly, MA 01915

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IN WITNESS WHEREOF, the parties have caused their authorized representatives to sign below to indicate their acceptance of the terms and conditions of this Agreement.

Entity/Organization (to be completed by an authorized representative)

Beverly Board of Health

Entity Name (Legal Organization Name)

Doing Business As (DBA)

12365-10

Entity (Legal Organization) FEIN or Tax ID#

Trevor Hall

Authorized Representative Signature

Trevor Hall

Authorized Representative Print Name

Board of Health Director

Authorized Representative Print Title

10/05/13

Date

Then, in Section 11:

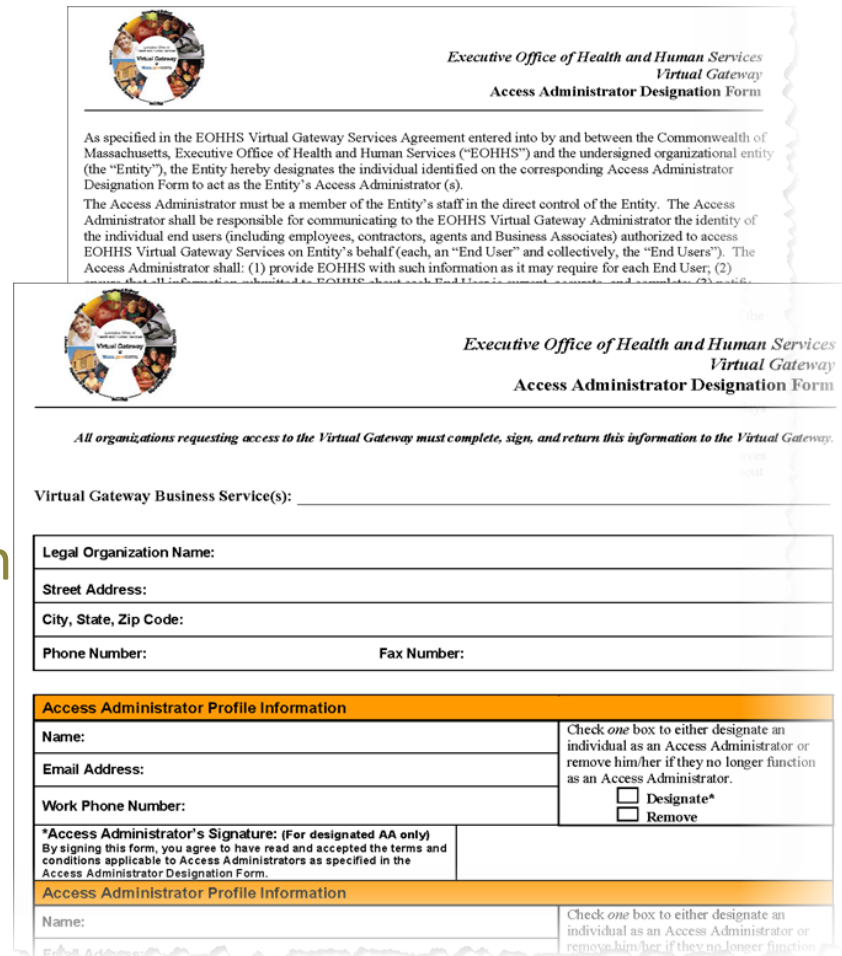
- Enter the legal name of the Board of Health
- Enter the FEIN or Tax ID # of the organization
- Original Signature of Representative (not a stamp)
- Printed Name of Representative
- Title of the Representative
- Date signed

Access Administrator Designation

The Access Administrator Designation Form lists (or removes) the primary and secondary individuals that:

- Authorize and request new user accounts
- Request account deactivations when employees leave or transition into non-VIP roles.
- Are in managerial or responsible positions in your organization.

Submit only one form per organization.



**Executive Office of Health and Human Services
Virtual Gateway
Access Administrator Designation Form**

As specified in the EOHHS Virtual Gateway Services Agreement entered into by and between the Commonwealth of Massachusetts, Executive Office of Health and Human Services ("EOHHS") and the undersigned organizational entity (the "Entity"), the Entity hereby designates the individual identified on the corresponding Access Administrator Designation Form to act as the Entity's Access Administrator (s).

The Access Administrator must be a member of the Entity's staff in the direct control of the Entity. The Access Administrator shall be responsible for communicating to the EOHHS Virtual Gateway Administrator the identity of the individual end users (including employees, contractors, agents and Business Associates) authorized to access EOHHS Virtual Gateway Services on Entity's behalf (each, an "End User" and collectively, the "End Users"). The Access Administrator shall: (1) provide EOHHS with such information as it may require for each End User; (2) provide all information submitted to EOHHS about each End User in a timely, accurate and complete manner.

**Executive Office of Health and Human Services
Virtual Gateway
Access Administrator Designation Form**

All organizations requesting access to the Virtual Gateway must complete, sign, and return this information to the Virtual Gateway.


Virtual Gateway Business Service(s): _____

Legal Organization Name:	
Street Address:	
City, State, Zip Code:	
Phone Number:	Fax Number:

Access Administrator Profile Information	
Name:	Check <i>one</i> box to either designate an individual as an Access Administrator or remove him/her if they no longer function as an Access Administrator. <input type="checkbox"/> Designate* <input type="checkbox"/> Remove
Email Address:	
Work Phone Number:	
<p>*Access Administrator's Signature: (For designated AA only) By signing this form, you agree to have read and accepted the terms and conditions applicable to Access Administrators as specified in the Access Administrator Designation Form.</p>	

Access Administrator Profile Information	
Name:	Check <i>one</i> box to either designate an individual as an Access Administrator or remove him/her if they no longer function as an Access Administrator.
Email Address:	

Access Administrator Designation Form - 2



**Executive Office of Health and Human Services
Virtual Gateway
Access Administrator Designation Form**

All organizations requesting access to the Virtual Gateway must complete, sign, and return this information to the Virtual Gateway.

Virtual Gateway Business Service(s): Vitals Information Partnership (VIP)

Legal Organization Name:	Beverly Board of Health
Street Address:	2599 Cranberry Highway
City, State, Zip Code:	Wareham, MA 02521
Phone Number:	508-999-9999
Fax Number:	508-999-9998

Access Administrator Profile Information

Name:	Kevin Smith	Check one box to either designate an individual as an Access Administrator or remove him/her if they no longer function as an Access Administrator. <input checked="" type="checkbox"/> Designate* <input type="checkbox"/> Remove
Email Address:	KS@BBOH.com	
Work Phone Number:	508-999-9997	
*Access Administrator's Signature: (For designated AA only) By signing this form, you agree to have read and accepted the terms and conditions applicable to Access Administrators as specified in the Access Administrator Designation Form.		<i>Kevin Smith</i>

Access Administrator Profile Information

Name:	John Trusted Worker	Check one box to either designate an individual as an Access Administrator or remove him/her if they no longer function as an Access Administrator. <input checked="" type="checkbox"/> Designate* <input type="checkbox"/> Remove
Email Address:	JTW@BBOH.com	
Work Phone Number:	508-999-9996	
*Access Administrator's Signature: (For designated AA only) By signing this form, you agree to have read and accepted the terms and conditions applicable to Access Administrators as specified in the Access Administrator Designation Form.		<i>John T Worker</i>

Access Administrator Profile Information

Name:		Check one box to either designate an individual as an Access Administrator or remove him/her if they no longer function as an Access Administrator. <input type="checkbox"/> Designate* <input type="checkbox"/> Remove
Email Address:		
Work Phone Number:		
*Access Administrator's Signature: (For designated AA only) By signing this form, you agree to have read and accepted the terms and conditions applicable to Access Administrators as specified in the Access Administrator Designation Form.		

Entity/Organization Approval Signature

<i>Trevor Hall</i> Authorized Representative Signature	Trevor Hall Print Name	6/29/13 Date
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Commonwealth of Massachusetts
Executive Office of Health & Human Services


Virtual Gateway Access Administrator Designation Form
Page 1

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Request "Vitals Information Partnership (VIP)" in the VG Business Services line.

Enter the Legal Name, Address, and Phone/Fax numbers for the organization (as they appear on the VG Services Agreement).

Access Administrator Designation Form - 3



Executive Office of Health and Human Services
Virtual Gateway
Access Administrator Designation Form

All organizations requesting access to the Virtual Gateway must complete, sign, and return this information to the Virtual Gateway.

Virtual Gateway Business Service(s): Vitals Information Partnership (VIP)

Legal Organization Name: <u>Beverly Board of Health</u>	
Street Address: <u>2599 Cranberry Highway</u>	
City, State, Zip Code: <u>Wareham, MA 02521</u>	
Phone Number: <u>508-999-9999</u>	Fax Number: <u>508-999-9998</u>

Access Administrator Profile Information

Name: <u>Kevin Smith</u>	Check one box to either designate an individual as an Access Administrator or remove him/her if they no longer function as an Access Administrator. <input checked="" type="checkbox"/> Designate* <input type="checkbox"/> Remove
Email Address: <u>KS@BBOH.com</u>	
Work Phone Number: <u>508-999-9997</u>	
<small>*Access Administrator's Signature: (For designated AA only) By signing this form, you agree to have read and accepted the terms and conditions applicable to Access Administrators as specified in the Access Administrator Designation Form.</small> <u>Kevin Smith</u>	

Access Administrator Profile Information

Name: <u>John Trusted Worker</u>	Check one box to either designate an individual as an Access Administrator or remove him/her if they no longer function as an Access Administrator. <input checked="" type="checkbox"/> Designate* <input type="checkbox"/> Remove
Email Address: <u>JTW@BBOH.com</u>	
Work Phone Number: <u>508-999-9996</u>	
<small>*Access Administrator's Signature: (For designated AA only) By signing this form, you agree to have read and accepted the terms and conditions applicable to Access Administrators as specified in the Access Administrator Designation Form.</small> <u>John T Worker</u>	

Access Administrator Profile Information

Name:	Check one box to either designate an individual as an Access Administrator or remove him/her if they no longer function as an Access Administrator. <input type="checkbox"/> Designate* <input type="checkbox"/> Remove
Email Address:	
Work Phone Number:	
<small>*Access Administrator's Signature: (For designated AA only) By signing this form, you agree to have read and accepted the terms and conditions applicable to Access Administrators as specified in the Access Administrator Designation Form.</small>	

Entity/Organization Approval Signature

<u>Trevor Hall</u>	<u>Trevor Hall</u>	<u>6/29/13</u>
<small>Authorized Representative Signature</small>	<small>Print Name</small>	<small>Date</small>

Commonwealth of Massachusetts
Executive Office of Health & Human Services

Virtual Gateway Access Administrator Designation Form
Page 1


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Enter the Name, Email, and Work Phone Number for each access administrator designated by the organization representative.

- This form allows for the designation of up to three administrators.
- RVRS recommends at least two to prevent delays during times of emergency or transitions.
- Check “designate” for new access administrators (or “remove” if a previously identified individual will no longer serve in that role).



Access Administrator Designation Form - 4

 Executive Office of Health and Human Services
Virtual Gateway
Access Administrator Designation Form

All organizations requesting access to the Virtual Gateway must complete, sign, and return this information to the Virtual Gateway.

Virtual Gateway Business Service(s): Vitals Information Partnership (VIP)

Legal Organization Name:	Beverly Board of Health
Street Address:	2599 Cranberry Highway
City, State, Zip Code:	Wareham, MA 02521
Phone Number:	508-999-9999
Fax Number:	508-999-9998

Access Administrator Profile Information	
Name: Kevin Smith	Check one box to either designate an individual as an Access Administrator or remove him/her if they no longer function as an Access Administrator. <input checked="" type="checkbox"/> Designate* <input type="checkbox"/> Remove
Email Address: KS@BBOH.com	
Work Phone Number: 508-999-9997	
*Access Administrator's Signature: (For designated AA only) By signing this form, you agree to have read and accepted the terms and conditions applicable to Access Administrators as specified in the Access Administrator Designation Form. <i>Kevin Smith</i>	

Access Administrator Profile Information	
Name: John Trusted Worker	Check one box to either designate an individual as an Access Administrator or remove him/her if they no longer function as an Access Administrator. <input checked="" type="checkbox"/> Designate* <input type="checkbox"/> Remove
Email Address: JTW@BBOH.com	
Work Phone Number: 508-999-9996	
*Access Administrator's Signature: (For designated AA only) By signing this form, you agree to have read and accepted the terms and conditions applicable to Access Administrators as specified in the Access Administrator Designation Form. <i>John T Worker</i>	

Access Administrator Profile Information	
Name:	Check one box to either designate an individual as an Access Administrator or remove him/her if they no longer function as an Access Administrator. <input type="checkbox"/> Designate* <input type="checkbox"/> Remove
Email Address:	
Work Phone Number:	
*Access Administrator's Signature: (For designated AA only) By signing this form, you agree to have read and accepted the terms and conditions applicable to Access Administrators as specified in the Access Administrator Designation Form.	

Entity/Organization Approval Signature		
<i>Trevor Hall</i>	Trevor Hall	6/29/13
Authorized Representative Signature	Print Name	Date

Commonwealth of Massachusetts
Executive Office of Health & Human Services


Virtual Gateway Access Administrator Designation Form
Page 1

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This form must be reviewed and signed by the Representative that signed the VG Services Agreement as well as by each named access administrator.



Access Administrator Designation Form - 5



**Executive Office of Health and Human Services
Virtual Gateway
Access Administrator Designation Form**

As specified in the EOHHS Virtual Gateway Services Agreement entered into by and between the Commonwealth of Massachusetts, Executive Office of Health and Human Services ("EOHHS") and the undersigned organizational entity (the "Entity"), the Entity hereby designates the individual identified on the corresponding Access Administrator Designation Form to act as the Entity's Access Administrator (s).

The Access Administrator must be a member of the Entity's staff in the direct control of the Entity. The Access Administrator shall be responsible for communicating to the EOHHS Virtual Gateway Administrator the identity of the individual end users (including employees, contractors, agents and Business Associates) authorized to access EOHHS Virtual Gateway Services on Entity's behalf (each, an "End User" and collectively, the "End Users"). The Access Administrator shall: (1) provide EOHHS with such information as it may require for each End User; (2) ensure that all information submitted to EOHHS about each End User is current, accurate, and complete; (3) notify EOHHS promptly of any End User whose access rights must be terminated, for example when an End User leaves the employment of the Entity; and (4) take such actions as EOHHS may direct or require to ensure the security of the Virtual Gateway. Upon receipt from the Access Administrator of all End User information provided by this Agreement and any exhibits or amendments thereto, and any additional information that EOHHS may deem necessary to assign such access rights to End Users, the EOHHS Virtual Gateway Administrator shall assign individual account information and access instructions directly to each End User within 5-7 business days.

Entity must notify EOHHS in writing of any change in its Access Administrator designation within 5-7 business days of the change. The Entity must execute a new "Access Administrator Designation" form for each new Access Administrator. EOHHS has the right to terminate the rights of any Access Administrator and to require the Entity to designate a new Access Administrator. Notwithstanding authorization by an Access Administrator, EOHHS reserves the right to terminate any authorized user's access to the Virtual Gateway at any time, with or without cause, without notice and without penalty.

Entity/Organization (to be completed by an authorized representative)
Beverly Board of Health
Entity Name (Legal Organization Name)

Doing Business As (DBA)
12345-67
Entity (Legal Organization) FEIN or Tax ID#

Trevor Hall
Authorized Representative Signature
Trevor Hall
Authorized Representative Print Name

Board of Health Director
Authorized Representative Print Title

8/23/2013
Date

EOHHS Virtual Gateway Operations - Deployment
1 Ashburton Place, Room 1109
Boston, MA 02108

Commonwealth of Massachusetts
Executive Office of Health & Human Services

Virtual Gateway Access Administrator Designation Form
Page 2

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After reading the guidelines on page 2, enter information about the organization and authorized representative exactly as it appears on the VG Services Agreement:

- Legal name of the organization
- Skip Doing Business As
- FEIN or Tax ID # of the organization
- Original Signature of Representative (not a stamp)
- Printed Name of Representative
- Title of the Representative
- Date signed

Do not mail to EOHHS. Submission instructions will be presented later.

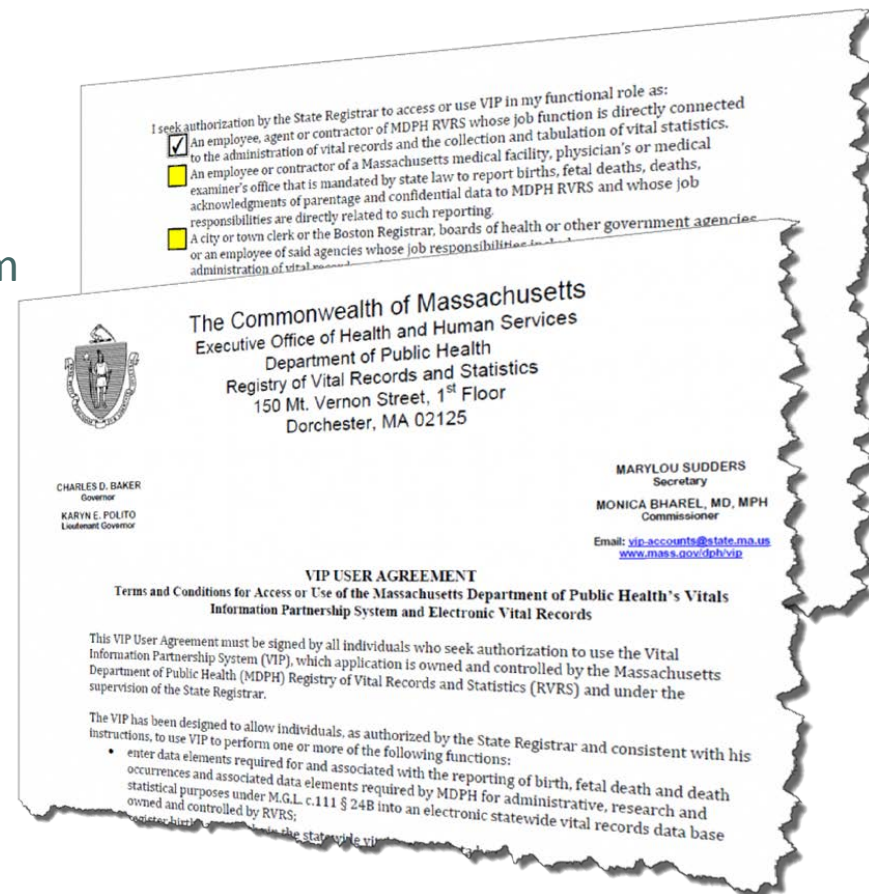
VIP User Agreement

The VIP user agreement describes the terms and conditions for use of the VIP system.

- Each person who will use the VIP system must read and sign a user agreement -- including the access administrators.

Users may not share accounts.

- Each user will identify their functional role and agree to the terms and conditions stated on this agreement.



I seek authorization by the State Registrar to access or use VIP in my functional role as:

- ☒ An employee, agent or contractor of MDPH RVRS whose job function is directly connected to the administration of vital records and the collection and tabulation of vital statistics.
- ☐ An employee or contractor of a Massachusetts medical facility, physician's or medical examiner's office that is mandated by state law to report births, fetal deaths, deaths, acknowledgments of parentage and confidential data to MDPH RVRS and whose job responsibilities are directly related to such reporting.
- ☐ A city or town clerk or the Boston Registrar, boards of health or other government agencies or an employee of said agencies whose job responsibilities are related to the administration of vital records.

The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Registry of Vital Records and Statistics
 150 Mt. Vernon Street, 1st Floor
 Dorchester, MA 02125

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Email: vip-accounts@state.ma.us
www.mass.gov/dph/vip

VIP USER AGREEMENT
 Terms and Conditions for Access or Use of the Massachusetts Department of Public Health's Vitals Information Partnership System and Electronic Vital Records

This VIP User Agreement must be signed by all individuals who seek authorization to use the Vital Information Partnership System (VIP), which application is owned and controlled by the Massachusetts Department of Public Health (MDPH) Registry of Vital Records and Statistics (RVRS) and under the supervision of the State Registrar.

The VIP has been designed to allow individuals, as authorized by the State Registrar and consistent with his instructions, to use VIP to perform one or more of the following functions:

- enter data elements required for and associated with the reporting of birth, fetal death and death occurrences and associated data elements required by MDPH for administrative, research and statistical purposes under M.G.L. c.111 § 24B into an electronic statewide vital records data base owned and controlled by RVRS;
- register birth or death to the statewide vital records data base.

Submit one form for each individual user.



VIP User Agreement

VIP USER AGREEMENT

Terms and Conditions for Access or Use of the Massachusetts Department of Public Health's Vitals Information Partnership System and Electronic Vital Records

This VIP User Agreement must be signed by all individuals who seek authorization to use the Vital Information Partnership System (VIP), which application is owned and controlled by the Massachusetts Department of Public Health (MDPH) Registry of Vital Records and Statistics (RVRS) and under the supervision of the State Registrar.

The VIP has been designed to allow individuals, as authorized by the State Registrar and consistent with his instructions, to use VIP to perform one or more of the following functions:

- enter data elements required for and associated with the reporting of birth, fetal death and death occurrences and associated data elements required by MDPH for administrative, research and statistical purposes under M.G.L. c.111 § 24B into an electronic statewide vital records data base owned and controlled by RVRS;
- register births and deaths in the statewide vital records data base;
- enter data elements required for voluntary acknowledgment of parentage into the statewide vital records data base;
- record voluntary acknowledgment of parentage in the statewide vital record data base;
- amend records maintained in the statewide vital records database; and
- issue certified copies of vital records from the statewide vital records data base.

For purposes of this Agreement, the term Confidential Data means: any individually identifiable data, including but not limited to medical and demographic data that: 1) establishes or reveals the identity of the data subject or is readily identified with the data subject, including but not limited to, name, address, telephone number, social security number, health identification number, or date of birth, or 2) provides a reasonable basis to believe that the data could be used, either alone or in combination with other information, to identify a data subject. Confidential Data includes any personal data required for or associated with birth and death reporting and registration and voluntary acknowledgment of parentage under applicable state and federal law. In addition for purposes of this Agreement, Confidential Data includes any information required to be supplied for

USER NAME	Kevin Smith
TITLE	Office Manager
EMPLOYER	Beverly Board of Health
FUNERAL HOME LICENSEE TYPE	NA
TELEPHONE	508-999-9993
EMAIL	KS@BBOA.com

On page 1, each user will enter the following information:

- Full Name
- User's Title
- Name of Employer
- Funeral Home License Not Applicable to a BOH
- Contact Telephone Number
- Contact Email

VIP – User Agreement

I seek authorization by the State Registrar to access or use VIP in my functional role as:

- ☐ An employee, agent or contractor of MDPH RVRS whose job function is directly connected to the administration of vital records and the collection and tabulation of vital statistics.
- ☐ An employee or contractor of a Massachusetts medical facility, physician's or medical examiner's office that is mandated by state law to report births, fetal deaths, deaths, acknowledgments of parentage and confidential data to MDPH RVRS and whose job responsibilities are directly related to such reporting.
- ☒ A city or town clerk or the Boston Registrar, boards of health or other government agencies or an employee of said agencies whose job responsibilities include vital registration, administration of vital records or the collection, tabulation and reporting of vital statistics to MDPH RVRS.
- ☐ An employee, agent or contractor of a Funeral Home whose job responsibilities include completing and filing the death certificate.
- ☐ Other, as approved by the State Registrar.

I understand that I must apply and be given authorization to use the Virtual Gateway, as a prerequisite to obtaining authorization and a password to access or use VIP.

As a VIP User, I agree that:

1. I will access and/or use VIP only as required to perform my job duties as specified above.
2. I will not share my VIP User ID and/or password with any person or entity. I will not use another person's VIP User ID and/or password to access VIP.
3. I will not share any Confidential Data I enter into or receive from VIP with others unless such sharing is necessary to perform my job duties or as permitted by law.
4. I will only access VIP from my work-issued computer. I will not access VIP from any personal equipment or device.
5. I will not access VIP from a computer which is in a public area. I will position my screen so that Confidential Data on the screen is not visible to others, and I will log off or lock my computer when stepping away from my workstation.
6. I will not put any Confidential Information from VIP on an individual computer hard drive or on any portable media (e.g. CD, thumb drive).
7. I will not email or otherwise transmit any Confidential Information from VIP over the internet, except via VIP.
8. I will immediately report any privacy or security incidents or breaches, including unauthorized transmissions, to the RVRS VIP Helpdesk.
9. If I am a Designated VIP Access Administrator, I will only create, disable or otherwise manage VIP User IDs as authorized by the State Registrar. I will immediately notify the RVRS VIP Helpdesk when a VIP User is terminated or his/her job responsibilities otherwise change so that access to VIP can be terminated.
10. I understand that any willful and knowing disclosure of confidential information to unauthorized persons is in violation of the law and may subject me to legal penalty.

I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to and use of VIP.

Kevin Smith
VIP User Signature

6/29/13
Date

All Burial agents will choose the third option:

“A city or town clerk or the Boston Registrar, boards of health or other government agencies or an employee of said agencies whose job responsibilities include vital registration, administration of vital records or the collection, tabulation and reporting of vital statistics to MDPH RVRS”

After the form is read, understood and completed, the user must sign and date the agreement.

- The signature must be an original signature, not a stamp.

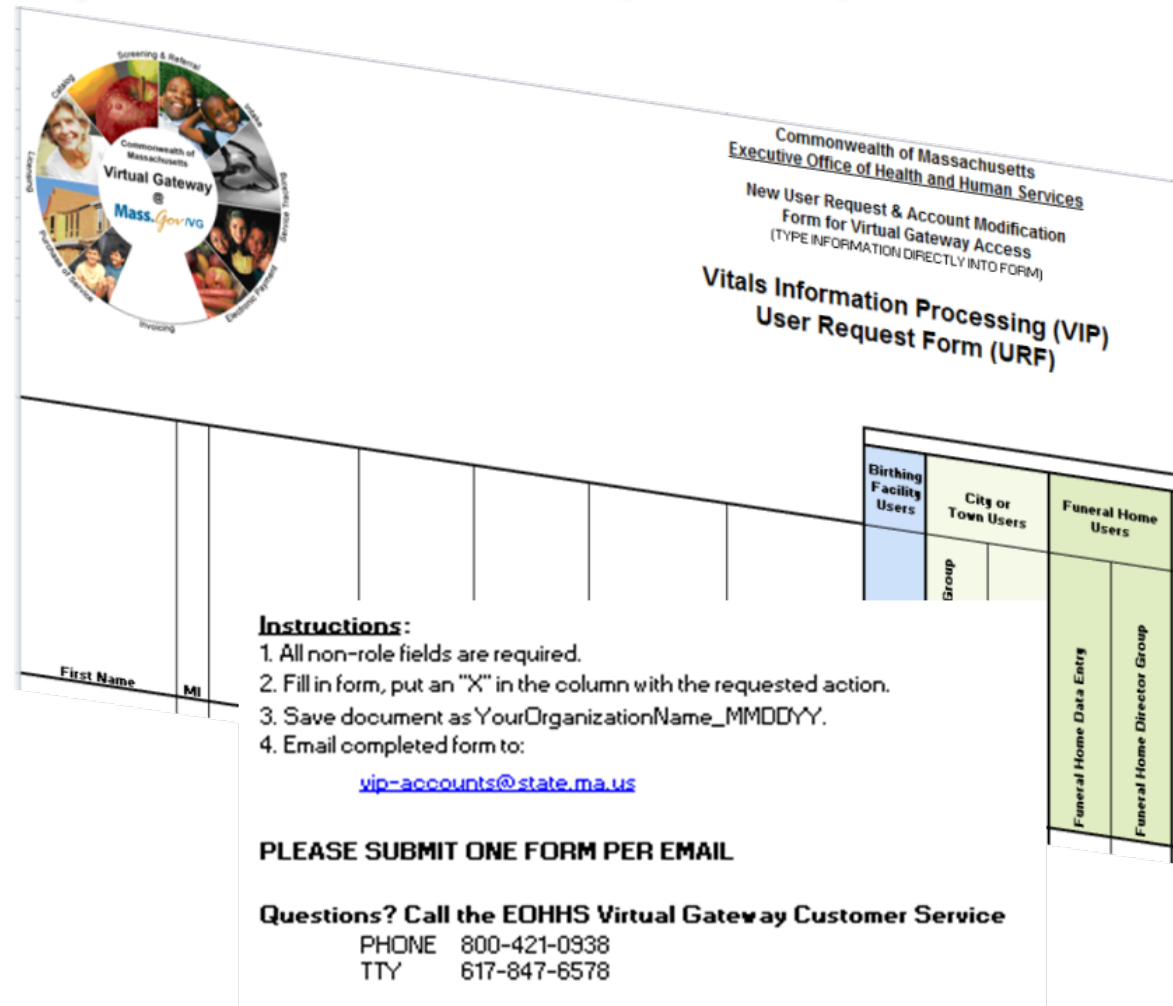
User Request Form (URF)

The User Request Form is an Excel spreadsheet that must be completed electronically and emailed personally by the Access Administrator.

Each new VG user request (or deactivation request) is listed on this one form.

Form information also assigns specific functionality to each user's VIP account.

Submit one form per organization.



Commonwealth of Massachusetts
Executive Office of Health and Human Services
New User Request & Account Modification
Form for Virtual Gateway Access
(TYPE INFORMATION DIRECTLY INTO FORM)

**Vitals Information Processing (VIP)
User Request Form (URF)**

First Name	MI								Birthing Facility Users		City or Town Users		Funeral Home Users	
									Group		Group		Funeral Home Data Entry	Funeral Home Director Group

Instructions:

1. All non-role fields are required.
2. Fill in form, put an "X" in the column with the requested action.
3. Save document as YourOrganizationName_MMDDYY.
4. Email completed form to:
vip-accounts@state.ma.us

PLEASE SUBMIT ONE FORM PER EMAIL

Questions? Call the EOHHS Virtual Gateway Customer Service
PHONE 800-421-0938
TTY 617-847-6578

User Request Form



Commonwealth of Massachusetts
Executive Office of Health and Human Services

**New User Request & Account Modification
Form for Virtual Gateway Access**
[TYPE INFORMATION DIRECTLY INTO FORM]

Vitals Information Processing (VIP) User Request Form (URF)

Insulinlins:

1. All non-void fields are required.
2. Fill in form, put an "X" in the column with the requested action.
3. Save document as `YourOrganizationName_MMDDYY`.
4. Email completed form to:

sir@cs.cmu.edu

PLEASE SUBMIT ONE FORM PER EMAIL

**Overlunn? Call the ECHS Virtual Gateway Customer Service
PHONE 888-424-8338**

PHONE 888-424-8331

[illegible]

There are three “sections” of this Excel spreadsheet that will be covered individually.

User Request Form

1

Complete electronically on the Excel spreadsheet (not on paper). Fields will wrap automatically; you do not need to adjust fields to fit your content.

Enter:

Name(s) of each user

1. User-selected 4-digit PIN for each user
 - (PIN *cannot* be 0000 or 1234)
2. Month and Day of Birth for each user
 - (e.g. May Twenty-fifth = 0525)
3. Work Email for each user
4. Work Phone # for each user



Commonwealth of Massachusetts
Executive Office of Health and Human Services

New User Request & Account Modification
Form for Virtual Gateway Access
(TYPE INFORMATION DIRECTLY INTO FORM)

**Vitals Information Processing
User Request Form (URF)**

First Name	MI	Last Name	(Personal Identification Number)	MMDD of Birth	Work E-mail Address	Work Phone #
Kevin		Smith	8955	0525	KS@BBOH.com	508-999-9999

User Request Form

Type an "X" in the appropriate VIP Role column that corresponds with each user row.

Board of Health Users

- Burial Agent Group
 - Confirms/Rejects Death certification , Issue burial permits.

2

VG Role Name: VIP USER																			
Birthing Facility Users	City or Town Users		Funeral Home Users		Board of Health Users	Medical Certifier Users		Medical Examiner Users		Registry of Vital Records and Statistics (RVRS) Users						Check One			
Birth Hospital Group	City/Town Customer Service Group (used for Issuance)	City/Town Clerk Group**	Funeral Home Data Entry	Funeral Home Director Group	Burial Agent Group	Medical Data Entry Group	Medical Certifier Group	Medical Examiner	Medical Examiner	RVRS Customer (used for Issuance)	RVRS Statistics	RVRS Registration	RVRS Amendment	RVRS Administration	New User	Modify Existing User	Deactivate Existing User from VIP	Deactivate Existing User from the Virtual Gateway	
					X										X				

Select option to add, modify, or deactivate existing user accounts.



3

User Request Form

The Access Administrator must now:

- Complete the Access Administration Info
- Save the document as shown on the form
- Email the spreadsheet to VIP Project team email

Instructions:

1. All non-role fields are required.
2. Fill in form, put an "X" in the column with the requested action.
3. Save document as YourOrganizationName_MMDDYY.
4. Email completed form to:

vip-accounts@state.ma.us

PLEASE SUBMIT ONE FORM PER EMAIL

Questions? Call the EOHHS Virtual Gateway Customer Service

PHONE 800-421-0938

TTY 617-847-6578

* Select a 4 digit Personal Identification Number (PIN). The user may be asked to provide this number to identify himself/herself when calling Virtual Gateway. Do not easily guessed. 1234 and 0000 may not be used.

**If a user has City/Town Clerk Group privileges they will have Customer Service Group privileges by default

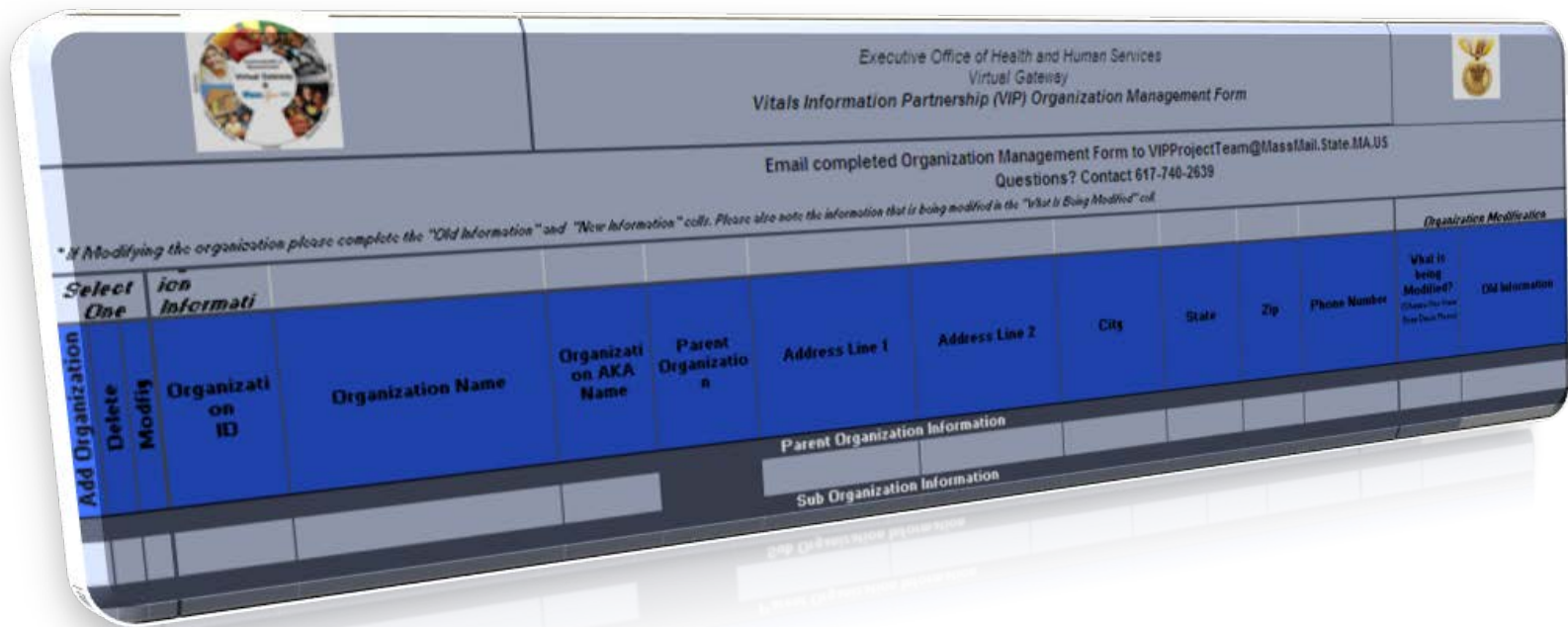
I HEREBY CERTIFY THAT I AM THE DULY AUTHORIZED ACCESS ADMINISTRATOR FOR MY ORGANIZATION OR AGENCY, AND THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND COMPLETE.

Leave Org ID blank, unless your organization already has a VG account

Access Administrator Name	Kevin Smith	Organization Full Name	Beverly Board of Health
Access Administrator Email Address	KS@BBOH.com	Organization ID Number	
Access Administrator Telephone	781-999-9999	Date	8-13-2013

Sub Organization Form

The Sub Organization Form is used when a City or Town clerks office takes on the duties of the burial agent. A sub organization is created to take on the duties of the burial agent.



Executive Office of Health and Human Services
Virtual Gateway
Vitals Information Partnership (VIP) Organization Management Form

Email completed Organization Management Form to VIPProjectTeam@MassMail.State.MA.US
Questions? Contact 617-740-2639

** If Modifying the organization please complete the "Old Information" and "New Information" cells. Please also note the information that is being modified in the "What is Being Modified" cell.*

Organization Information											Organization Modification	
Select One	Organization ID	Organization Name	Organization AKA Name	Parent Organization	Address Line 1	Address Line 2	City	State	Zip	Phone Number	What is Being Modified?	Old Information
Add Organization												
Delete												
Modify												



Parent Organization Information

Sub Organization Information

Sub Organization Form

The following slides will split the Sub Organization Form into three sections to better view the fields

Section 3 is not used in creating a Sub Organization

					<p>Executive Office of Health and Human Services Virtual Gateway Vitals Information Partnership (VIP) Organization Management Form</p>																																																								
					<p>Email completed Organization Management Form to VIPProjectTeam@MassMail.State.MA.US Questions? Contact 617-740-2639</p>																																																								
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<table border="1"> <thead> <tr> <th>Select One</th> <th>Old Information</th> <th colspan="4"></th> <th colspan="6"></th> <th>Organization Modification</th> </tr> <tr> <th>Add Organization</th> <th>Organization ID</th> <th>Organization Name</th> <th>Organization AKA Name</th> <th>Parent Organization</th> <th>Address Line 1</th> <th>Address Line 2</th> <th>City</th> <th>State</th> <th>Zip</th> <th>Phone Number</th> <th>What is Being Modified?</th> </tr> </thead> <tbody> <tr> <td>Delete</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(Choose One from Drop Down Menu)</td> </tr> <tr> <td>Modify</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>													Select One	Old Information											Organization Modification	Add Organization	Organization ID	Organization Name	Organization AKA Name	Parent Organization	Address Line 1	Address Line 2	City	State	Zip	Phone Number	What is Being Modified?	Delete											(Choose One from Drop Down Menu)	Modify											
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Modify																																																													
Parent Organization Information																																																													
Sub Organization Information																																																													

1

2

3

VIP Sub – Org Request Form

1



Enter the organizational ID and Name that was used when completing the Virtual Gateway Services Agreement

** If Modifying the organization please complete the "Old Information" and "New Information" cells. Please*

Select One			Organization Information			
Add Organization	Delete Organization	Modify Organization*	Organization ID	Organization Name	Organization AKA Name	Parent Organization
			23304	YourCity/TownOfficeName		



VIP Sub – Org Request Form

1

** If Modifying the organization please complete the "Old Information" and "New Information" cells. Please*

Select One			Organization Information			
Add Organization	Delete Organization	Modify Organization*	Organization ID	Organization Name	Organization AKA Name	Parent Organization
			23304	YourCity/TownOfficeName		
X			23304	YourCity/Town Board of Health		

Select Add Organization and list the Organization ID and name of the sub organization.



VIP Sub – Org Request Form

2 Email completed Organization Management Form to VIPProjectTeam@MassMail.State.MA.US
Questions? Contact 617-740-2639

also note the information that is being modified in the "What Is Being Modified" cell.

Address Line 1	Address Line 2	City	State	Zip	Phone Number	What Is Being Modified (Choose from Drop Down)
Parent Organization Information						
123 YourAddress		Yourcity	MA	09999	555-555-5555	
Sub Organization Information						

Enter the contact information and address of the parent organization



VIP Sub – Org Request Form

2 Email completed Organization Management Form to VIPProjectTeam@MassMail.State.MA.US
Questions? Contact 617-740-2639

also note the information that is being modified in the "What Is Being Modified" cell.

Address Line 1	Address Line 2	City	State	Zip	Phone Number	What Is Being Modified (Choose from Drop Down)
Parent Organization Information						
123 YourAddress		Yourcity	MA	09999	555-555-5555	
Sub Organization Information						
123 SubOrgAddress		Yourcity	MA	09999	555-555-5555	

Enter the contact information and address of the Sub organization



Sub Organization Form



Executive Office of Health and Human Services
Virtual Gateway
Vitals Information Partnership (VIP) Organization Management Form

Email completed Organization Management Form to VIPProjectTeam@MassMail.State.MA.US
Questions? Contact 617-740-2639

**If Modifying the organization please complete the "Old Information" and "New Information" cells. Please also note the information that is being modified in the "What Is Being Modified" cell.*

Select One	on Informati											
Add Organization	Delete	Modify	Organization ID	Organization Name	Organization AKA Name	Parent Organization	Address Line 1	Address Line 2	City	State	Zip	Phone Number
Parent Organization Information												
			23304	YourCity/TownOfficeName			123 YourAddress		Yourcity	MA	09999	555-555-5555
Sub Organization Information												
X			23304	YourCity/Town Board of Health			123 SubOrgAddress		Yourcity	MA	09999	

Once complete the access administrator will email the form to the vip-accounts@state.ma.us



Burial Agent Designation Letter

The Burial Agent Designation Letter is required when a city or town clerk's office will be acting as the Board of Health Burial Agent. All that is required is a letter from the BOH attesting to the fact the City/Town's Clerk office will be performing said duties.

A sample of a Burial Agent Designation Letter from the Town of Burlington. The letter is on a white sheet of paper with a blue border. At the top left is the seal of the Town of Burlington. To its right, the text reads "TOWN OF BURLINGTON" and "Inter-office Correspondence". On the right side, there is a box with "NO." and "7/16/85" and "DATE". Below this, the text reads "FROM: Board of Health" and "TO: Jane L. Chew". Further down, it says "SUBJECT: Burial Permits". The main body of the letter contains the text: "The Burlington Board of Health hereby authorizes the Town Clerk to act as agent for the Board of Health in issuing Burial Permits for the Town."

NO.
7/16/85
DATE

FROM: Board of Health

TO: Jane L. Chew

SUBJECT: Burial Permits

The Burlington Board of Health hereby authorizes the Town Clerk to act as agent for the Board of Health in issuing Burial Permits for the Town.

Burial Agent Designation Letter



TOWN OF BURLINGTON
Inter-office Correspondence

NO.
7/16/85
DATE

FROM: Board of Health

TO: Jane L. Chew

SUBJECT: Burial Permits

The Burlington Board of Health hereby authorizes the Town Clerk to act as agent for the Board of Health in issuing Burial Permits for the Town.

In the example the Town of Burlington Board of Health is authorizing the Town Clerk to act as agent for the Board of Health in issuing Burial Permits for the town

This Letter would then be mailed to
Registry of Vital Records and Statistics
ATTN: VIP Team
150 Mt. Vernon Street, 1st Floor
Boston, MA 02125-3105



Where to Send Completed Forms

- Three paper forms are to be mailed to RVRS (not VG):
 1. Virtual Gateway (VG) Services Agreement
 2. Designation of Access Administrator Agreement
 3. VIP User Agreement

Registry of Vital Records and Statistics
ATTN: VIP Enrollment Forms
150 Mt. Vernon Street, 1st Floor
Dorchester, MA 02125-3105
- Two Excel spreadsheets are to be e-mailed to RVRS by the Access Administrator:

Vip-accounts@state.ma.us

 4. User Request Form
 5. Sub Organization Form with Board of Health designation letter



Submission Checklist

- ☐ VG Services Agreement (*Mail original paper to RVRS*)
 - Required for each organization accessing VIP and/or the EDRS
 - Cities and Towns acting as Burial Agent should already have accounts
- ☐ Designation of Access Administrator (*Mail original paper to RVRS*)
 - Required to establish and maintain access to the VIP and/or EDRS
 - Select a backup Administrator to ease future transitions and gaps in service
- ☐ VIP User Agreement (*Mail original paper to RVRS*)
 - Each individual person who will be accessing the VIP and/or EDRS is required to agree to the terms and conditions of the VIP system.
 - **SHARING ACCOUNTS IS NOT ALLOWED**
- ☐ User Request Form (URF) (*Access Administrator emails to RVRS*)
 - Form to be used to request/alter users access to the EDRS and Virtual Gateway
 - To be emailed by the Access Administrator from the email account on file with the Virtual Gateway
- ☐ Sub Organization Form (*Access Administrator emails to RVRS*)
 - To be filled out when a City or Town Clerks office will act as the Burial Agent
 - Sent electronically by Access Administrators email
 - Burial Agent Designation letter to be drafted by your local Board of Health



Questions?

Your questions are welcome and appreciated. Please email:

Vip-accounts@state.ma.us

**Please enroll soon –
account activations may take up to six weeks.**

We look forward to your participation in the
Vitals Information Partnership (VIP)
Electronic Death Registration System (EDRS)