



VIP Account Enrollment Electronic Death Registration System (EDRS)

A Guide for Funeral Directors and Funeral Home Staff

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 funeral home access administrators, funeral directors and staff 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-funeral-homes.html>

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

- The VIP User Agreement needs to be completed by each user.
- A Sub Org Form needs to be completed for additional funeral homes operating under the VG Services Agreement of a Parent Company. Or, you can fill out all forms for each location
- The URF should be completed for each organization AND each Sub-organization

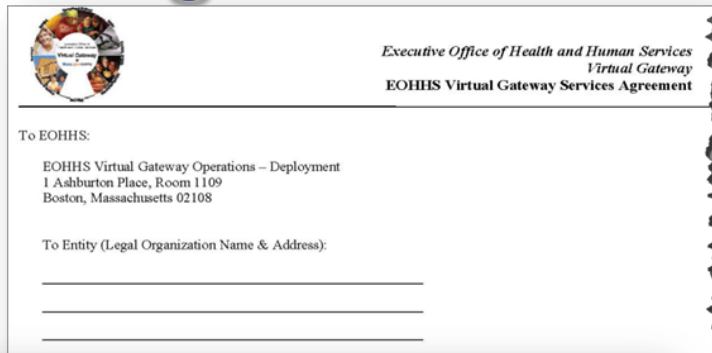
| Just one <u>per organization</u> : | One for <u>each individual user</u> : |
|---|---------------------------------------|
| 1. Virtual Gateway (VG) Services Agreement | 5. VIP User Agreement (VIP) |
| 2. Designation of Access Administrator Agreement (VG) | |
| 3. User Request Form (VG) | |
| 4. VIP Sub Org Form (VG, VIP) | |

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.

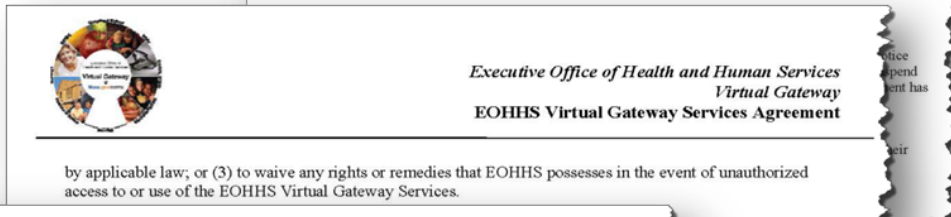


**Executive Office of Health and Human Services
Virtual Gateway
EOHHS Virtual Gateway Services Agreement**

To EOHHS:

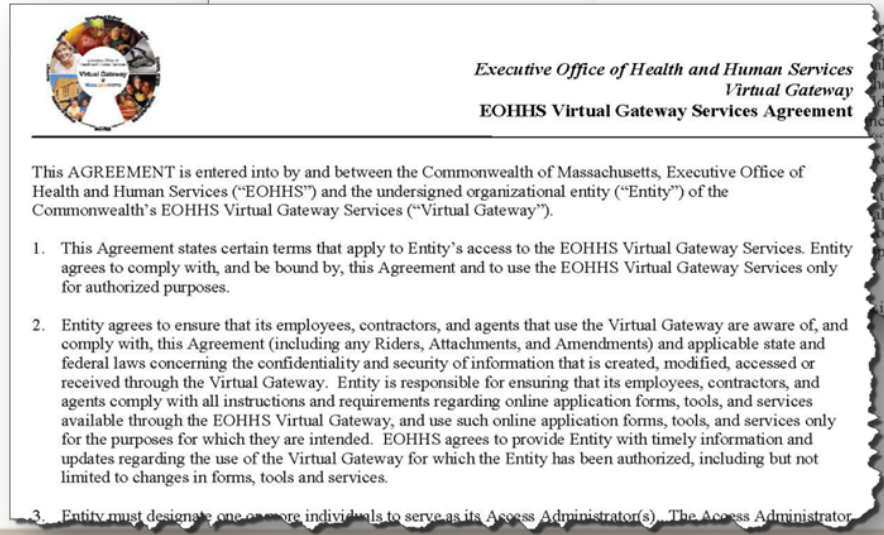
EOHHS Virtual Gateway Operations – Deployment
1 Ashburton Place, Room 1109
Boston, Massachusetts 02108

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



VG Services Agreement - 2

This form should be read and completed by the person that has authority to sign on behalf of the funeral home/ organization (“Representative”).

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

- Name of Authorized Representative (usually the owner or president of the company)
- 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):

David Chapman
Chapman, Cole, and Gleason Funeral Home
2599 Cranberry Highway
Wareham, MA 02571

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



VG Services Agreement - 3



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):

David Chapman
Chapman, Cole, and Gleason Funeral Home
2599 Cranberry Highway
Wareham, MA 02571

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)

Chapman, Cole, and Gleason Funeral Home

Entity Name (Legal Organization Name)

Chapman Funeral Services

Doing Business As (DBA)

12345-67

Entity (Legal Organization) FEIN or Tax ID#

David Chapman

Authorized Representative Signature

David Chapman

Authorized Representative Print Name

Director, President

Authorized Representative Print Title

8/23/2013

Date

Then, in Section 11:

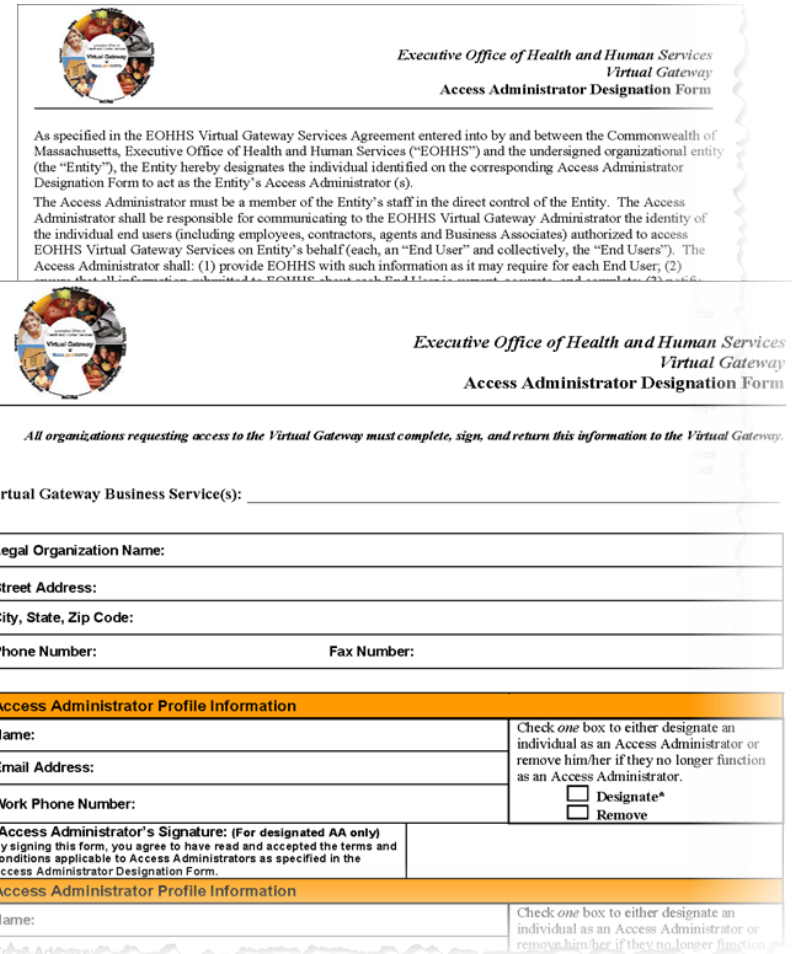
- Enter the legal name of the organization
- Enter the name “doing business as” if different (else enter “same”)
- Enter the FEIN or Tax ID # of the organization
- Original Signature of Representative (not a stamp)
- Printed Name of Representative
- Title of the Representative
- Date signed

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 manner and in a format acceptable to EOHHS.

**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: | Chapman Cole and Gleason Funeral Home |
| 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: | Christopher Berg |
| Email Address: | cb@ccg.com |
| Work Phone Number: | 508-999-9996 |
| <small>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.</small> <input checked="" type="checkbox"/> Designate* <input type="checkbox"/> Remove | |
| <small>*Access Administrator's Signature: (For designated AA only)</small> <small>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> | |
|  | |

| | |
|--|----------------|
| Access Administrator Profile Information | |
| Name: | William Morris |
| Email Address: | wm@ccg.com |
| Work Phone Number: | 508-999-9996 |
| <small>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.</small> <input checked="" type="checkbox"/> Designate* <input type="checkbox"/> Remove | |
| <small>*Access Administrator's Signature: (For designated AA only)</small> <small>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> | |
|  | |


| | |
|--|--|
| Access Administrator Profile Information | |
| Name: | |
| Email Address: | |
| Work Phone Number: | |
| <small>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.</small> <input type="checkbox"/> Designate* <input type="checkbox"/> Remove | |
| <small>*Access Administrator's Signature: (For designated AA only)</small> <small>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 | | |
|  | David Chapman | 6/29/13 |
| Authorized Representative Signature | Print Name | Date |

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: Chapman Cole and Gleason Funeral Home | |
| 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: Christopher Berg | <small>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.</small> <input checked="" type="checkbox"/> Designate* <input type="checkbox"/> Remove |
| Email Address: cb@cgc.com | |
| Work Phone Number: 508-999-9996 | |
| <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> <div style="text-align: center; font-family: cursive;">Christopher Berg</div> | |

Access Administrator Profile Information

| | |
|---|---|
| Name: William Morris | <small>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.</small> <input checked="" type="checkbox"/> Designate* <input type="checkbox"/> Remove |
| Email Address: wm@cgc.com | |
| Work Phone Number: 508-999-9996 | |
| <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> <div style="text-align: center; font-family: cursive;">William Morris</div> | |

Access Administrator Profile Information

| | |
|--|--|
| Name: | <small>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.</small> <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

| | | |
|--|-----------------------------|-----------------|
| <div style="font-family: cursive; font-size: 1.2em;">David Chapman</div> Authorized Representative Signature | David Chapman Print Name | 6/29/13 Date |
|--|-----------------------------|-----------------|

Commonwealth of Massachusetts
Executive Office of Health & Human Services

Virtual Gateway Access Administrator Designation Form
Page 1

Rev: 5/16/13

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: | Chapman Cole and Gleason Funeral Home |
| 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: | Christopher Berg | 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: | cb@ccg.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.

Christopher Berg

Access Administrator Profile Information

| | | |
|--------------------|----------------|--|
| Name: | William Morris | 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: | wm@ccg.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.

William Morris

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>David Chapman</i> | David Chapman | 6/29/13 |
| Authorized Representative Signature | Print Name | Date |

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 required 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)

Chapman, Cole, and Gleason Funeral Home

Entity Name (Legal Organization Name)

Chapman Funeral Services

Doing Business As (DBA)

12345-67

Entity (Legal Organization) FEIN or Tax ID#

David Chapman

Authorized Representative Signature

David Chapman

Authorized Representative Print Name

Director, President

Authorized Representative Print Title

8/23/2013

Date

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

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
- The "doing business as" name if different (else enter "same")
- 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 on slide 29.

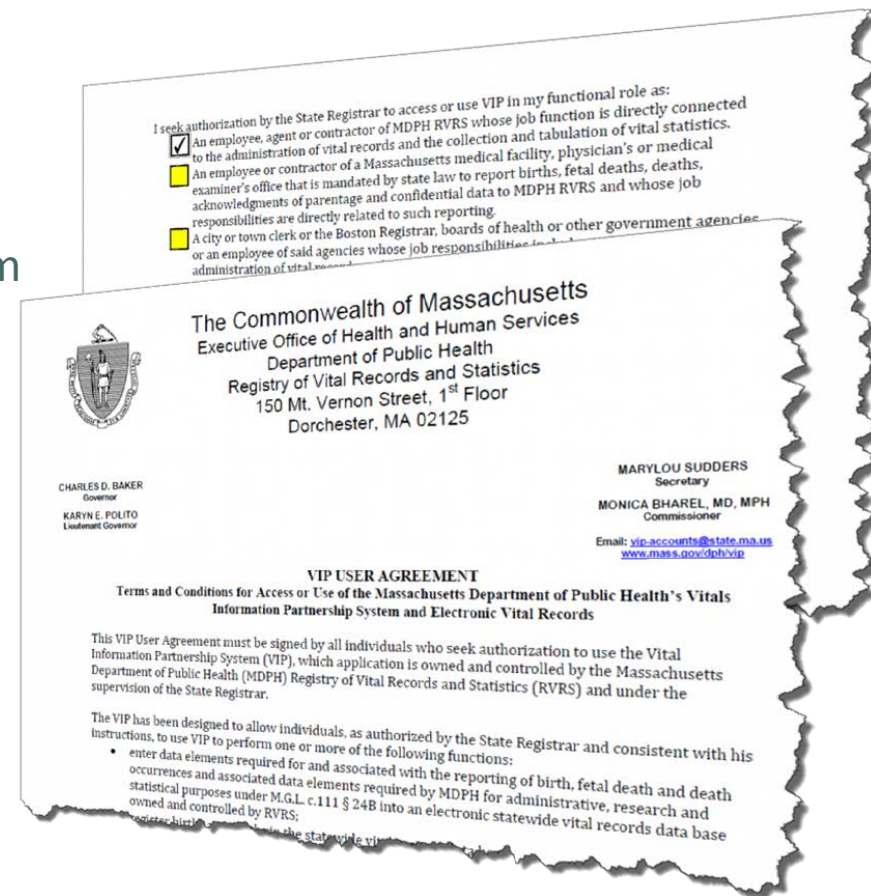
VIP User Agreement

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 directly 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 records into the statewide vital records data base.

Submit one form for each individual user.



VIP User Agreement - 2

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 acknowledgement 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 administrative, research and statistical purposes under G.L. c.111 §24B.

| | |
|----------------------------|----------------------------|
| USER NAME | Christopher W. Berg |
| TITLE | Funeral Director |
| EMPLOYER | Chapman, Cole, and Gleason |
| FUNERAL HOME LICENSEE TYPE | 6 License # 321456 |
| TELEPHONE | 508-999-9993 |
| EMAIL | cb@ccg.com |

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

- Full Name
- Name of Employer
- User's Title
- Funeral Home Licensee Type
- Please include License # with the License type
- Contact Telephone Number
- Contact Email



VIP User Agreement - 3

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.

Christopher W Berg *6/29/13*
VIP User Signature Date

All funeral home directors and staff members will choose the fourth option:

“An employee, agent or contractor of a Funeral Home whose job responsibilities including completing and filing the death certificate.”

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 up to eight users per form.

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

Submit one URF form for each Organization and Sub 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 (URF) - 2



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

jin.aaaaa@caltech.edu

PLEASE SUBMIT ONE FORM PER EMAIL

**Questions? Call the KPMG 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.

3

| | |
|------------------------|--|
| Organization Full Name | |
| Organization ID Number | |
| Date | |



User Request Form (URF) - 3

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:

1. Name(s) of each user
2. User-selected 4-digit PIN for each user
 - (PIN *cannot* be 0000 or 1234)
3. Month and Day of Birth for each user
 - (e.g. May Twenty-fifth = 0525)
4. Work Email for each user
5. 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 | 4-Digit PIN (Personal Identification Number) | MMDD of Birth | Work E-mail Address | Work Phone # |
|-------------|----|-----------|---|---------------|---------------------|--------------|
| Christopher | W | Berg | 8955 | 0525 | cb@ccg.com | 508-999-9999 |



User Request Form (URF) - 4

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

Funeral Home Data Entry

- Enters info, assigns/faxes certifiers, but may not release to burial agent.

Funeral Home Director

- Enters info, assigns/faxes certifiers, and releases to burial agent.

2

| Birth Hospital Group | City or Town Users | | Funeral Home Users | | Burial Agent Group | Medical Certifier Users | | Medical Examiner Users | | Registry of Vital Records and Statistics (RVRS) Users | | | | | Check One | | | |
|----------------------|--|-------------------------|-------------------------|-----------------------------|--------------------|--------------------------|-------------------------|-----------------------------------|------------------------|---|------------------------|-------------------|-----------------|---------------------|-----------|----------------------|-----------------------------------|---|
| | City/Town Customer Service Group (used for Issuance) | City/Town Clerk Group** | Funeral Home Data Entry | Funeral Home Director Group | | Medical Data Entry Group | Medical Certifier Group | Medical Examiner Data Entry Group | Medical Examiner Group | RVRS Customer Service Group (used for Issuance) | RVRS Statistical Group | RVRS Registration | RVRS Amendments | RVRS Administration | New User | Modify Existing User | Deactivate Existing User from VIP | Deactivate Existing User from the Virtual Gateway |
| | | | X | | | | | | | | | | | | X | | | |
| | | | | | | | | | | | | | | | | | | |



User Request Form (URF) - 5

3

The Access Administrator must now:

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

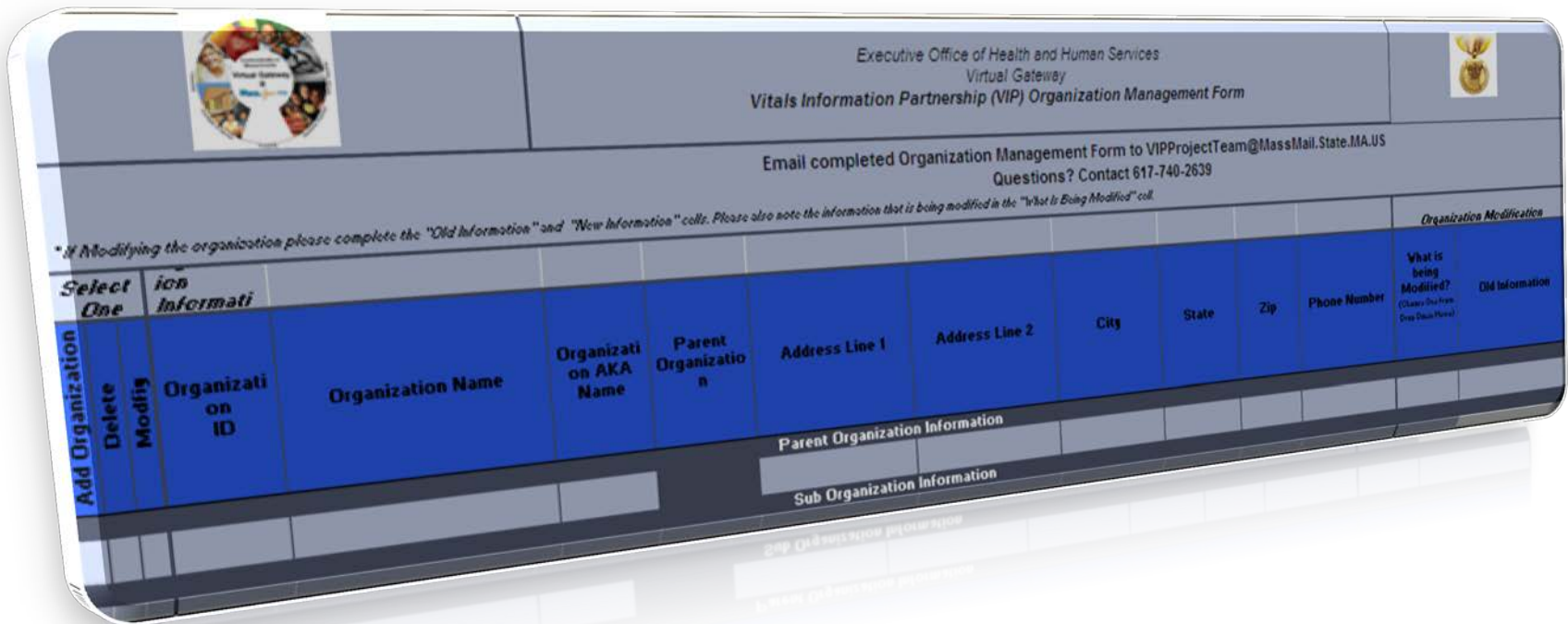
I HEREBY CERTIFY THAT I AM THE DULY AUTHORIZED ACCESS ADMINISTRATOR FOR MY ORGANIZATION OR AGENCY, AND THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND COMPLETE.

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

| | | | |
|------------------------------------|---------------|------------------------|------------------------|
| Access Administrator Name | David Chapman | Organization Full Name | Chapman Cole & Gleason |
| Access Administrator Email Address | chap@ccg.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 Funeral Home has more than one location all functioning under the parent company.



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.*

| Parent 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? (Check all that apply, Drop Down Menu) | Old Information |
| Add Organization | | | | | | | | | | | | |
| Delete | | | | | | | | | | | | |
| Modify | | | | | | | | | | | | |

Sub Organization Information

Sub Organization Form



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





The Sub-Org Form is used for Funeral Home companies that do business under more than one name and/or have other addresses.

1. Fill this out if you have a VG Services Agreement and have other sub organizations that function under the parent company. Anytime you have multiple organizations operating under a master or parent company
 - E.g., Betz-Letz Services operates Betz Funeral Home and Letz Funeral Home
 - E.g., Retz Funeral Home, Abington; Retz Funeral Home, Arlington
2. Not required for organizations that have their own VG Services Agreement already.
 - Instead, send an email to the vip-accounts@state.ma.us with a list of your Type 3 funeral directors and license numbers.

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

| | | | | | | | | | | | | | |
|--|------------------------|-------------------|-----------------------|---------------------|--|----------------|------|-------|-----|--------------|---|--|----------------------------------|
|  | | | | | 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 | | | | | | | | | | | | | |
| <i>*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.</i> | | | | | | | | | | | | | |
| Select One | Old Information | | | | | | | | | | | | Organization Modification |
| Add Organization Delete Modify | Organization ID | Organization Name | Organization AKA Name | Parent Organization | Address Line 1 | Address Line 2 | City | State | Zip | Phone Number | What is being Modified? (Check one or drop down) | | |
| | | | | | Parent Organization Information | | | | | | | | |
| | | | | | Sub Organization Information | | | | | | | | |

1

2

3

Sub Organization Form

1



Enter the organizational ID and Name that was used when completing the Virtual Gateway Services Agreement (you may not always have your org id yet)

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

| Select One | | | n Information | |
|------------------|---------------------|----------------------|-----------------|------------------------|
| Add Organization | Delete Organization | Modify Organization* | Organization ID | Organization Name |
| | | | 123456 | ParentOrganizationName |

VIP Sub – Org Request Form

1

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

| Select One | | | n | | |
|------------------|---------------------|----------------------|-----------------|------------------------------|-----------------------|
| Add Organization | Delete Organization | Modify Organization* | Organization ID | Organization Name | Organization AKA Name |
| | | | 123456 | ParentOrganizationName | |
| x | | | | OtherLocationNameifDifferent | |
| x | | | | AnotherLocation | |
| x | | | | AndAnotherName etc. | |

Select Add Organization and list each of the Sub-Organization(s).



VIP Sub – Org Request Form

2

| | Address Line 1 | Address Line 2 | City | State | Zip | Phone Number |
|--|----------------|----------------|---------|-------|-----|--------------|
| Parent Organization Information | | | | | | |
| | 123 Any Street | Suite 3 | AnyTown | State | Zip | 999-999-9988 |
| Sub Organization Information | | | | | | |
| | 456 Any Street | # 2 | Town | State | Zip | 878-767-4532 |
| | 789 Any Street | | Town | State | Zip | 123-456-9876 |
| | | | | | | |

1. Enter the addresses of each individual Sub-Organization
 2. Enter the Phone Number of each individual Sub-Organization



VIP Sub – Org Request Form

| Select One | | Organization Information | | | | | | | | | | |
|------------------|---------------------|--------------------------|------------------------------|------------------------------|-----------------------|---------------------|----------------|----------------|---------|-------|-----|--------------|
| Add Organization | Delete Organization | Modify Organization* | Organization ID | Organization Name | Organization AKA Name | Parent Organization | Address Line 1 | Address Line 2 | City | State | Zip | Phone Number |
| | | | 123456 | ParentOrganizationName | | | 123 Any Street | Suite 3 | AnyTown | State | Zip | 999-999-9988 |
| | | | Sub Organization Information | | | | | | | | | |
| x | | | | OtherLocationNameIfDifferent | | | 456 Any Street | # 2 | Town | State | Zip | 878-767-4532 |
| x | | | | AnotherLocationNameIfNeeded | | | 789 Any Street | | Town | State | Zip | 123-456-9876 |

This is an example of a completed Sub-Organization Form with 1 Parent Company and 2 Sub-Organizations.

Once complete save the excel spreadsheet with the following naming convention:

ParentOrganizationName_Sub-Org_mmddyy

Example1: BetzLetzFuneralServices_Sub-Org_073114

Example2: HallFamilyFuneralHome_Sub-Org_072514

Once saved email the excel spreadsheet as an attachment to:

vip-accounts@state.ma.us




VIP Sub – Org Request Form

| Select One | Organization Information | | | | | | | | | | | |
|------------------|--------------------------|---------------------|-----------------|------------------------------|-----------------------|---------------------|------------------------------|----------------|---------|-------|-----|--------------|
| Add Organization | Delete Organization | Modify Organization | Organization ID | Organization Name | Organization AKA Name | Parent Organization | Address Line 1 | Address Line 2 | City | State | Zip | Phone Number |
| | | | 123456 | ParentOrganizationName | | | 123 Any Street | Suite 3 | AnyTown | State | Zip | 999-999-9988 |
| | | | | | | | Sub Organization Information | | | | | |
| x | | | | OtherLocationNameIfDifferent | | | 456 Any Street | # 2 | Town | State | Zip | 878-767-4532 |
| x | | | | AnotherLocationNameIfNeeded | | | 789 Any Street | | Town | State | Zip | 123-456-9876 |

Every Sub-Organization Listed needs a separate User Request Form to identify which users work at each individual Sub Organization

[Open this hyperlink to return to the section on URF's](#)
or return to page 15

The access administrator of the parent company has privileges over all the sub organizations and can therefore fill out URF's for each of the Sub-Org's



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)

| Birth/Facility Users | City or Town Users | Funeral Home Users |
|----------------------|--------------------|-----------------------------|
| 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 800-421-0338
TTY 617-847-6576



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 (if you have other locations functioning under a parent location)



Submission Checklist

- ☐ VG Services Agreement (*Mail original paper to RVRS*)
 - Required for each organization accessing VIP and/or the EDRS
- ☐ 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
 - Include one form for each Sub Org along with the one for the Parent company
- ☐ Sub-Organization Form (*Access Administrator emails to RVRS*)
 - To be filled out when a parent company will have additional locations operate under the same VG Services Agreement. Not necessary if each location fills out all forms
 - Sent electronically by Access Administrators email



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)