



# VIP Account Enrollment Electronic Death Registration System (EDRS)

Medical Facilities such as Hospitals and Medical Data  
Entry 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 facilities where deaths occur and the medical data entry 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)
- Please note that there are separate instructions for the Medical Certifiers and private medical practices. This presentation does not cover the steps to enroll as a certifier of death certificates

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 Four VG/VIP Forms

Three forms are needed to establish an account in the Commonwealth's Virtual Gateway, and another form is 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-medical-facilities.html>

- Three 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	4. VIP User Agreement (VIP)
2. Designation of Access Administrator Agreement (VG)	
3. User Request Form (VG)	

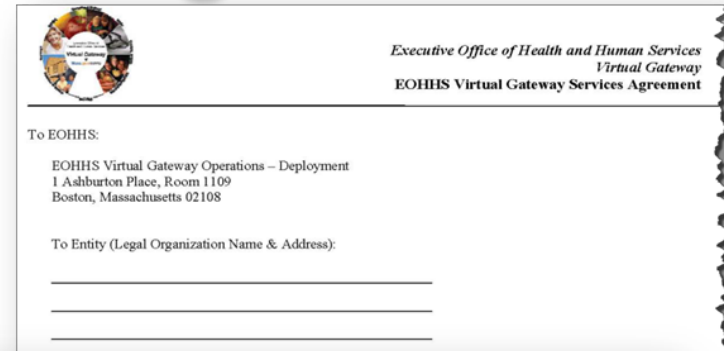



# Virtual Gateway Services Agreement

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.

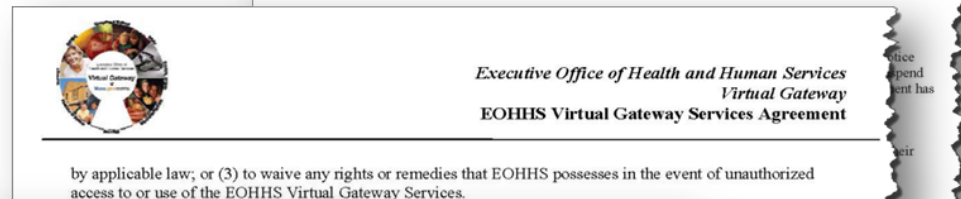
Submit only one form per organization. If you are a birth hospital, you likely have a VG Services Agreement and do not need to fill out another.




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

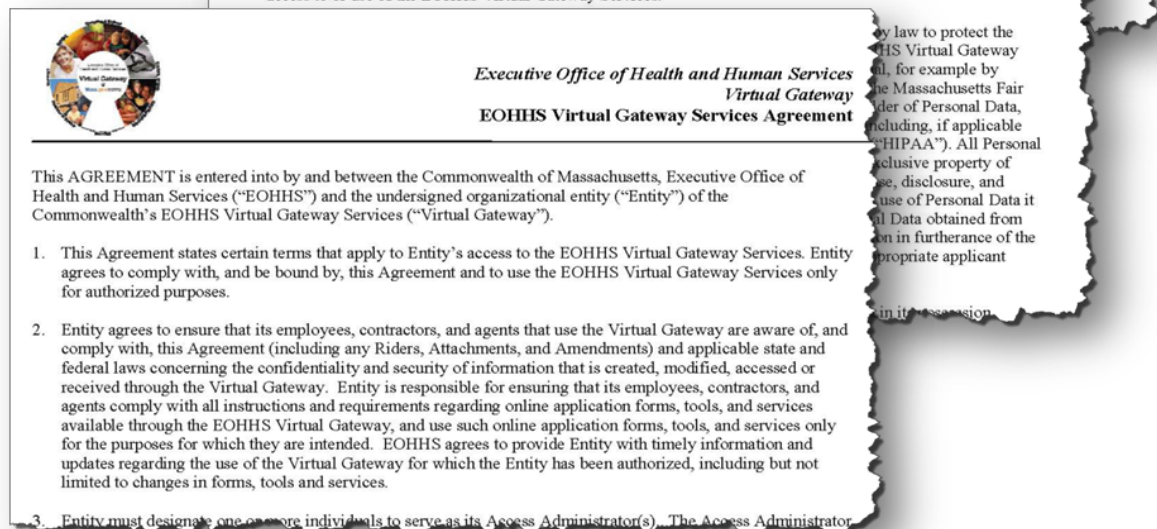
To EOHHS:  
EOHHS Virtual Gateway Operations – Deployment  
1 Ashburton Place, Room 1109  
Boston, Massachusetts 02108


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

Hospitals and other medical facilities should have an authorized signatory for the organization fill out and sign this form



*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

by law to protect the  
HS Virtual Gateway  
all, for example by  
the Massachusetts Fair  
Order of Personal Data,  
including, if applicable  
"HIPAA"). All Personal  
exclusive property of  
use, disclosure, and  
use of Personal Data it  
all Data obtained from  
on in furtherance of the  
appropriate applicant

in its possession

# 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, MD  
Memorial Hospital  
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

Rev: 5/16/13

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

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

- Name of Authorized Representative
- Name of Organization Represented
- Address of Organization



# 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

Memorial Hospital

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)

Memorial Hospital

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

Director of Patient Services

Authorized Representative Print Title

10/05/13

Date

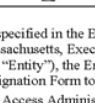

Then, in Section 11:

- Enter the legal name of the Organization
- 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 to know who should have access to the EDRS.
- Submit only one form per organization.

	<p style="margin: 0;"><b>Executive Office of Health and Human Services</b>  <b>Virtual Gateway</b>  <b>Access Administrator Designation Form</b></p>								
<p>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).</p> <p>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 of any change in the information submitted to EOHHS about each End User.</p>									
	<p style="margin: 0;"><b>Executive Office of Health and Human Services</b>  <b>Virtual Gateway</b>  <b>Access Administrator Designation Form</b></p>								
<p><i>All organizations requesting access to the Virtual Gateway must complete, sign, and return this information to the Virtual Gateway.</i></p>									
<p><b>Virtual Gateway Business Service(s):</b> _____</p>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>Legal Organization Name:</b></td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;"><b>Street Address:</b></td> <td></td> </tr> <tr> <td style="padding: 5px;"><b>City, State, Zip Code:</b></td> <td></td> </tr> <tr> <td style="padding: 5px;"><b>Phone Number:</b></td> <td style="padding: 5px;"><b>Fax Number:</b></td> </tr> </table>		<b>Legal Organization Name:</b>		<b>Street Address:</b>		<b>City, State, Zip Code:</b>		<b>Phone Number:</b>	<b>Fax Number:</b>
<b>Legal Organization Name:</b>									
<b>Street Address:</b>									
<b>City, State, Zip Code:</b>									
<b>Phone Number:</b>	<b>Fax Number:</b>								
<p><b>Access Administrator Profile Information</b></p>									
<p><b>Name:</b> _____</p> <p><b>Email Address:</b> _____</p> <p><b>Work Phone Number:</b> _____</p>	<p>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.</p> <p style="text-align: center;"> <input type="checkbox"/> Designate*  <input type="checkbox"/> Remove         </p>								
<p><b>*Access Administrator's Signature: (For designated AA only)</b>          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>									
<p><b>Access Administrator Profile Information</b></p>									
<p><b>Name:</b> _____</p>	<p>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.</p>								



# Access Administrator Designation Form



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: Memorial Hospital	
Street Address: 20 Cabot St	
City, State, Zip Code: Beverly, MA 01915	
Phone Number: 508-999-9999	Fax Number: 508-999-9998

Access Administrator Profile Information

Name: Trevor Hall		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: TH@thhospital.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>Trevor Hall</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@thhospital.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
---	---------------------------	-----------------

Commonwealth of Massachusetts  
Executive Office of Health & Human Services

Virtual Gateway Access Administrator Designation Form  
Page 1

Rev: 8/16/13

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



**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:	Memorial Hospital
Street Address:	20 Cabot St
City, State, Zip Code:	Beverly, MA 01915
Phone Number:	508-999-9999
Fax Number:	508-999-9998

**Access Administrator Profile Information**

Name:	Trevor Hall	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:	TH@thhospital.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>Trevor Hall</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@thhospital.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
---	---------------------------	-----------------

Commonwealth of Massachusetts  
Executive Office of Health & Human Services

Virtual Gateway Access Administrator Designation Form  
Page 1

Rev: 8/16/13

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



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:	Memorial Hospital
Street Address:	20 Cabot St
City, State, Zip Code:	Beverly, MA 01915
Phone Number:	508-999-9999
Fax Number:	508-999-9998

Access Administrator Profile Information		
Name: Trevor Hall	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: <a href="mailto:TH@thhospital.com">TH@thhospital.com</a>		
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>Trevor Hall</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: <a href="mailto:JTW@thhospital.com">JTW@thhospital.com</a>		
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

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



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)

Memorial Hospital

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

Director of Patient Services

Authorized Representative Print Title

8/23/2013

Date

Mail to:  
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

Rev. 8/16/13

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.



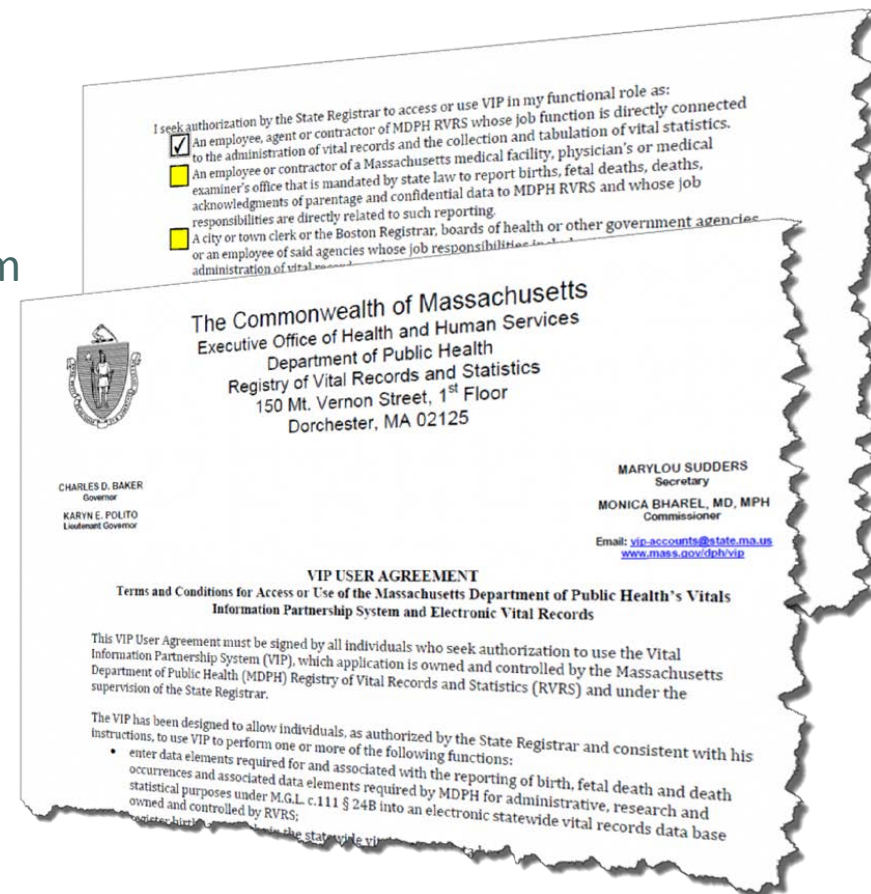
# VIP User Agreement

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, 1<sup>st</sup> 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](mailto:vip-accounts@state.ma.us)  
[www.mass.gov/dph/vip](http://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;

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 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

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 Medical Data Entry Staff
- Contact Telephone Number
- Contact Email

USER NAME	Trevor Hall
TITLE	Director of Patient Services
EMPLOYER	Memorial Hospital
FUNERAL HOME LICENSEE TYPE	N/A
TELEPHONE	508-999-9993
EMAIL	TH@thhospital.com





# 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.

Trevor Hall  
VIP User Signature

6/29/13  
Date

All Medical Personnel will choose the 2<sup>nd</sup> option:

“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.”

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.

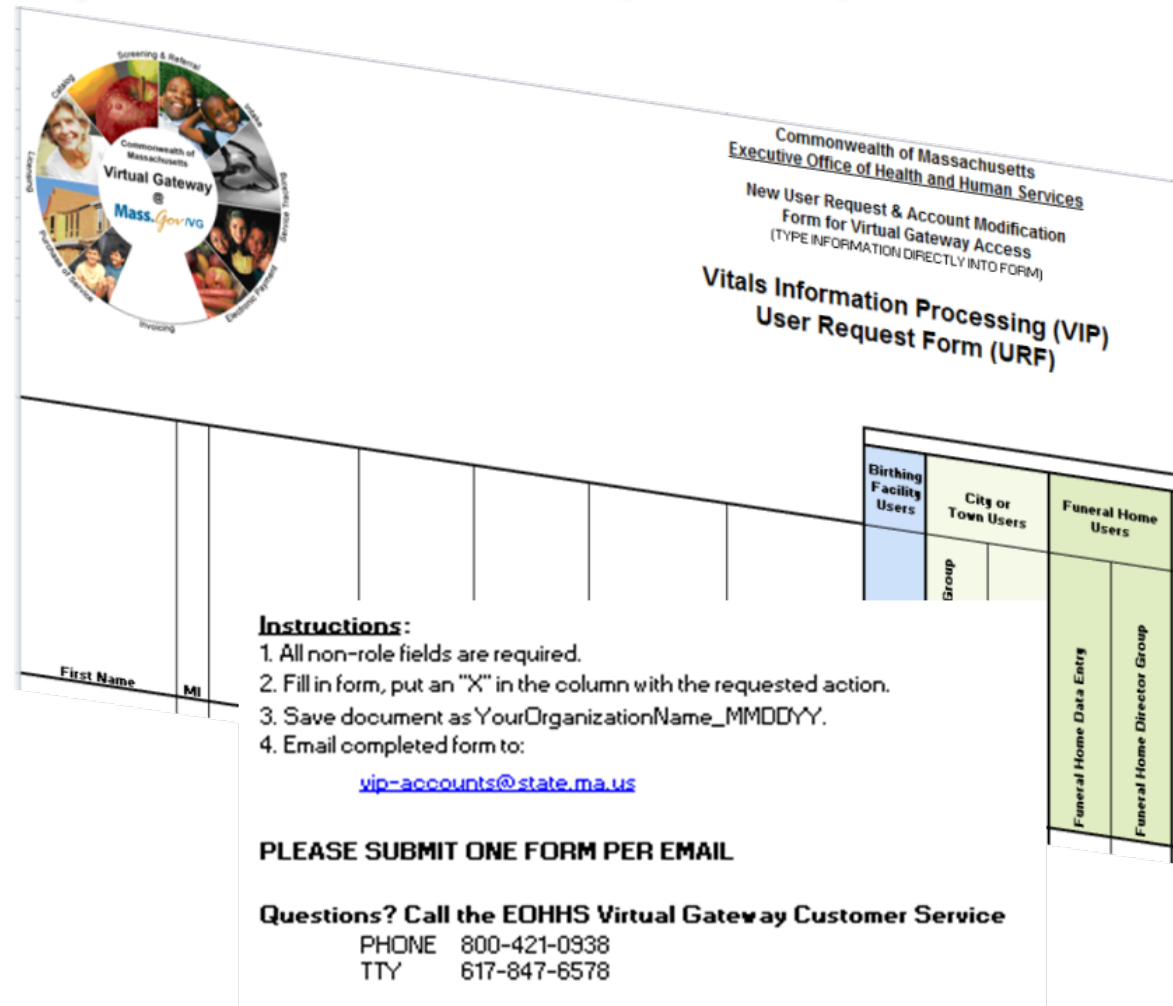
# User Request Form (URF)

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](mailto: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](mailto:sir@cs.cmu.edu)

**PLEASE SUBMIT ONE FORM PER EMAIL**

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

PHONE 888-424-8551

[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	M	Last Name	Number	Month 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.

## Medical Certifier Users

- Medical Data Entry Group
  - Begin and update death certificates and enter medical information but cannot certify.
  - Able to print forms and search for records

TTY 617-847-6578

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 <sup>1,2</sup>	Funeral Home Data Entry	Funeral Home Director Group	Burial Agent Group	Medical Data Entry Group	Medical Certifier Group	Medical Examiner Data Entry Group	Medical Examiner Group	RVRS Customer Service (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			

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





# User Request Form

## 3

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](mailto: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 use 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	Trevor Hall	Organization Full Name	Memorial Hospital
Access Administrator Email Address	<a href="mailto:TH@thhospital.com">TH@thhospital.com</a>	Organization ID Number	
Access Administrator Telephone	781-999-9999	Date	8-13-2013





# 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

- An Excel spreadsheet to be e-mailed to RVRS by the Access Administrator:

[vip-accounts@state.ma.us](mailto:vip-accounts@state.ma.us)

4. User Request Form



# 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



# Questions?

Your questions are welcome and appreciated. Please email:

**[Vip-accounts@state.ma.us](mailto: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)