

National Association for Public Health Statistics and Information Systems
Agreement for Administering the Vital Records Exchange System for 2005-2009 Events

The vital and health statistics directors of the registration areas of the United States and Canada hereby agree:

1. To provide vital records copies and/or vital record information contained in the following vital events to registration jurisdictions as specified and where not prohibited by statute:
 - a. All events (birth, death, fetal death [stillbirth] and induced abortions that occurred to non-residents to the jurisdiction of usual residence.
 - b. Deaths to the jurisdiction of decedent's birth.
 - c. Births for decedents less than one year of age to the jurisdiction where the death occurred.
 2. That standard electronic formats shall be used whenever possible instead of paper copies of certificates or printouts and shall contain sufficient information to be used for statistical and administrative purposes. Registration areas may agree to exchange information via non-standard electronic or other media on an individual basis.
 3. To the extent permitted by law, the name, other identifying information and medical information shall not be deleted from birth and death certificate information provided under this agreement. It is recommended that names be obliterated on records of fetal deaths (stillbirths) and induced abortions.
 4. That in no instance may a registration area issue certified copies or abstracts of vital records received from another registration area.
 5. That records or information from records received from another registration area shall not be entered into any index used to prepare certified copies or to which the general public has access.
 6. That information or copies provided under this agreement may be used by the State Public Health Department or other receiving agency for:
 - a. Statistical analysis.
 - b. Linking birth and death certificates [*i.e., crossmatch and flagging BC as "deceased," birth/death perinatal cohort file*].
 - c. Research conducted or approved by the receiving agency as long as the identity of the individual, names, or other personal identifiers are not released nor is there any release of information which would inescapably have the same result.
 - d. Sharing with local public health agencies for the support of public health programs. If such sharing of exchanged data occurs, the state must have an agreement with the local agencies that parallels the conditions contained within this agreement.
 - e. Program purposes as specified in the *Addendum to 2005-2009 Inter-Jurisdictional Exchange Agreement*. In all cases, agreeing to use of vital records for program purposes in a recipient state agency does not imply permission for (1) any secondary release of those records by that program without specific approval from the state of origin other than specified in this agreement or (2) legal purposes.
 7. That any other use of records or information from records provided in accordance with this agreement requires the written permission of the registration area where the record is officially registered or filed.
 8. That each registration area shall establish a schedule for final disposition of the transcripts and copies provided under this agreement so that they will be retained only long enough to serve their purposes.
 9. That all transmittals of copies of transcripts or electronic records are to be made no later than 90 days following the month of record. To ensure optimum utilization of the records, special efforts will be made at the beginning of a new calendar year to meet this deadline.
 10. Such agreement shall remain in effect unless notified of a change by the appropriate state official.
- Specify records or fields excluded from agreement
-

Circle either YES or NO for the following items.	Births	Fetal Deaths	Deaths
Specify whether you would permit release of records to private sector organizations that operate programs on behalf of the state.	YES NO	YES NO	YES NO
Specify whether you would permit NCHS to upload your state's NCHS statistical file, including state file number or certificate number, to the NCHS Bulletin Board System (BBS) for signatories to this agreement to download.	YES NO	YES NO	YES NO

Registration

Area _____ Agency _____

Signature _____

Title _____

Date _____

CONTACT PERSON:

Name _____

Title _____

Address _____

Email _____ Phone _____

Fax _____

CONTACT PERSON FOR ELECTRONIC EXCHANGE:

Name _____

Title _____

Address _____

Email _____ Phone _____

Fax _____

MAIL RECORDS TO:

Name _____

Title _____

Address _____

Email _____

Phone _____ Fax _____

**National Association for Public Health Statistics and Information Systems
Addendum to 2005-2009 Inter-jurisdictional Exchange Agreement**

BIRTHS (see next page for an explanation of each of the programs listed below)	Authorization (see Explanation below for valid codes)									<i>Comments/Definitions (e.g., report only to MCD level, no followback to family, independent verification required)</i>
	Infant ID	Parent ID	Birth Info	Geographic	Demographic	Infant Med	Mother Med	Certifier	Dates	
Birth defects registry										
Child death fatality reviews										
Child support enforcement										
Healthy Start program eval.										
Immunization registry										
Infant death reviews										
PRAMS										
AIDS registry										
Medicaid enrollment										

Enter one of the following codes into each cell. Leaving a cell blank implies no release.

- Y = Yes, release
- I = Yes, with informed consent
- N = No release
- NA= Not applicable

Explanation:

- Infant ID Infant's identifying information (name, date of birth, time of birth)
- Parent ID Parents' identifying information (names, full dates, street addresses)
- Birth Info Basic birth information (gender, plurality, birth order, place of birth)
- Geographic Geographic information (county, MCD, zip)
- Demographic Parents' basic demographics (race, ethnicity, education, occupation code)
- Infant Med Infant's medical information (abnormal conditions, congenital anomalies, etc.)
- Mother Med Mother's medical information (physical description, pre-pregnancy conditions, during pregnancy conditions, other risk factors, etc.; excluding HIV/AIDS)
- Certifier Certifier's identifying information (name, license number)
- Dates Dates with month, day, and year

NOTES/COMMENTS (include list of specific data items that CANNOT be shared with other programs and/or general program restrictions, such as reporting restrictions):

Explanation of Programs

Birth defects registry—this registry is for the purpose of initiating and conducting investigations of the causes, mortality, methods of prevention, treatment, and cure of birth defects and allied diseases.

Child death fatality reviews—these are case study reviews by local cross-disciplinary teams using data already collected to establish the facts of the case and to determine if there are preventative measures that can be taken in order to prevent future deaths. Information cannot be subpoenaed and all information is kept strictly confidential to the program.

Child support enforcement—this program utilizes vital records to determine parentage and to enforce orders for child support. This program may reside in a separate state agency than the one administering vital records.

Healthy Start program evaluation—a study to determine the program effectiveness of providing prenatal care to low income women.

Immunization registry—A fully operational population-based registry includes capabilities to (1) protect confidential information, (2) enroll all children at the State or community level automatically at birth, (3) give providers access to complete vaccination history, (4) recommend needed vaccinations, (5) notify children who are due and overdue for vaccinations, (6) assess practice and geographic-level coverage, and (7) produce authorized immunization records. Registries may provide other important functions such as automatic reporting of adverse events. Registries may serve other purposes as well, including VPD surveillance, vaccine efficacy monitoring, and vaccine inventory management.

Infant death reviews—Infant death review panels examine selected fetal and infant death cases, identify factors associated with these deaths, and determine if these factors represent system problems which require change.

PRAMS—the Pregnancy Risk Assessment Monitoring System, is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences prior to, during, and immediately following pregnancy.

AIDS registry—these registries track AIDS patients and include identifying information.

Medicaid enrollment—the program responsible for maintaining the names of Medicaid enrollees.

**National Association for Public Health Statistics and Information Systems
Addendum to 2005-2009 Inter-jurisdictional Exchange Agreement**

DEATHS (see reverse side for an explanation of each of the programs listed below)	Authorization (see Explanation below for valid codes)									Comments/Definitions (e.g., report only to MCD level, no followback to family, independent verification required)
	Decedent ID	Basic Info	Geographic	Parent/spouse	Demographic	Cause/manner	Injury	Certifier	Dates	
Birth defects registry										
Child death fatality reviews										
Child support enforcement										
Infant death reviews										
Healthy Start program eval.										
Immunization registry										
Infant death reviews										
PRAMS										
AIDS registry										
Medicaid enrollment										
Alzheimer's registry										
Cancer registry										
Parkinson's registry										
State retirement										
Voter registration										

Enter one of the following codes into each cell. Leaving a cell blank implies no release.

- Y = Yes, release
- I = Yes, with informed consent
- N = No release
- NA = Not applicable

Explanation:

- Dec. ID Decedent's identifying information (names, full dates, street addresses)
- Basic info Basic subject information (gender, plurality, birth order, place of birth)
- Geographic Geographic information (county, MCD, zip)
- Parent/spouse Parent/spouse identifying information
- Demographic Decedent's basic demographics (race, ethnicity, education, occupation code, veteran status, etc.)
- Cause/manner Decedent's cause and manner of death
- Injury Injury information
- Certifier Certifier's identifying information (name, license number)
- Dates Dates with month, day, and year

NOTES/COMMENTS (include list of specific data items that CANNOT be shared with other programs and/or general program restrictions, such as reporting restrictions):

Explanation of Programs

Birth defect registry—this registry is for the purpose of initiating and conducting investigations of the causes, mortality, methods of prevention, treatment, and cure of birth defects and allied diseases.

Child death fatality reviews—these are case study reviews by local cross-disciplinary teams using data already collected to establish the facts of the case and to determine if there are preventative measures that can be taken in order to prevent future deaths. Information cannot be subpoenaed and all information is kept strictly confidential to the program.

Child support enforcement—this program utilizes vital records to determine parentage and to enforce orders for child support.

Healthy Start program evaluation—a study to determine the program effectiveness of providing prenatal care to low income women.

Immunization registry—A fully operational population-based registry includes capabilities to (1) protect confidential information, (2) enroll all children at the State or community level automatically at birth, (3) give providers access to complete vaccination history, (4) recommend needed vaccinations, (5) notify children who are due and overdue for vaccinations, (6) assess practice and geographic-level coverage, and (7) produce authorized immunization records. Registries may provide other important functions such as automatic reporting of adverse events. Registries may serve other purposes as well, including VPD surveillance, vaccine efficacy monitoring, and vaccine inventory management.

Infant death reviews—Infant death review panels examine selected fetal and infant death cases, identify factors associated with these deaths, and determine if these factors represent system problems which require change.

PRAMS—the Pregnancy Risk Assessment Monitoring System, is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences prior to, during, and immediately following pregnancy.

AIDS registry—these registries track AIDS patients and include identifying information.

Medicaid enrollment—the program responsible for maintaining the names of Medicaid enrollees.

Alzheimer's registry—definition still to be determined.

Cancer registry— CDC has set forth national standards for data completeness, timeliness, and quality for central registries. By these standards, 95% of expected cancer cases occurring among state residents should be reported each year, cancer cases should be reported to the central registry within 6 months of diagnosis, and central registries should incorporate standards for data quality and format as described by the North American Association of Central Cancer Registries (NAACCR) and recommended by CDC.

Parkinson's registry—the Parkinson's Disease Registry purpose is to provide a central data bank of accurate, historical and current information for research purposes. It provides for screening and collecting patient and family data that may be useful in detecting the incidence of and possible risk factors concerning Parkinson's disease and related movement disorders. It will also aid in planning for health care requirements and education needs.

State retirement—the agency of government responsible for managing the retirement system for state and other government employees.

Voter registration—the agency of government responsible for maintaining voter rolls, generally maintained by a board of elections or county and state auditors or a state Secretary of State's office.