

Vermont Department of Health
Vermont Electronic Death Registration System (VTEDRS)
ACCESS AND CONFIDENTIALITY/PRIVILEGE AGREEMENT
for
Funeral Directors or Crematory Operators

STATEMENT TO VTEDRS USER

In Vermont, the licensed health care professional “last in attendance upon a deceased person during his last illness” bears the primary responsibility for completing a death certificate within 24 hours of the death “in [a] form prescribed by the commissioner of health”. For the purpose of certifying a death, a licensed health care professional is defined as “a physician, a physician assistant, or an advanced practice registered nurse.” However, with your consent, the licensed health care professional may delegate to you the responsibility of gathering data for and filling out all items except the medical certification of cause of death. (18 VSA § 5202, 18 VSA § 5001)

As a Vermont licensed Funeral Director or the Owner or Designated manager of a Vermont Licensed Crematory you may electronically sign and submit the demographic portion of a death record using the Vermont Electronic Death Registration System (VTEDRS).

VTEDRS USER'S AGREEMENT

As a Vermont licensed Funeral Director, Owner or Designated Manager of a Vermont Licensed Crematory, I will submit death record information using the Vermont Electronic Death Registration System (VTEDRS), which requires and contains confidential and privileged data. As a user of VTEDRS, I hereby agree as follows:

1. I will access confidential and privileged information within VTEDRS only as needed to submit death data to the Department of Health to produce documentation necessary for disposition of a body for which I am responsible.
2. I will not divulge in any way, copy, release, sell, loan, review, alter or destroy any confidential and privileged information except as properly authorized within the scope of my professional activities.
3. I will not misuse confidential and privileged information or treat such information carelessly.
4. I understand that reports printed from the VTEDRS including the Report of Information Provided to the EDRS by the signer of the demographic section, completed Preliminary Report of Death forms, and informational copies of the death certificate are to be used only for business purposes specifically related to obtaining permits for transportation of the decedent or for the purpose of an audit. These documents may contain information including the decedent's social security number that is not public record and will be kept confidential and privileged. Under no circumstances will these reports be issued to the public. This

includes not sharing the decedent's Social Security number and taking other appropriate measures to assure confidentiality as required for all Vermont businesses and agencies by 9 VSA § 2440.

5. I will safeguard and will not disclose my access code or any other authorization I have that allows me to access VTEDRS. I accept responsibility for all activities undertaken using my access code and other authorization.

6. I will report activities by any individual or entity that I suspect may compromise the protection and privacy of confidential and privileged information. Reports made in good faith about suspect activities will be held in confidence to the full extent permitted by law, including the name of the individual reporting the activities.

7. I understand that my obligations under this Agreement will continue after termination of my privileges and access to VTEDRS information. I further understand that my privileges and access hereafter are subject to periodic review, revision, and, if appropriate, renewal.

8. I understand that I have no right or ownership interest in any information within VTEDRS to which I have access. The Department of Health may, at any time, revoke my authorization or access to any information in VTEDRS.

9. I will be responsible for my misuse or wrongful disclosure of confidential and privileged information and for my failure to safeguard my access code or other authorization access to confidential and privileged information.

10. I understand that failure to comply with this Agreement may result in loss of privileges to access VTEDRS.

11. I understand that any person who willfully, maliciously or negligently discloses the content of any confidential public health records without written authorization or other than as authorized by law shall be subject to civil penalties pursuant to 18 VSA 1001(e).

12. I understand that the Department of Health will advise me of any new policies, procedures, or protocols as they are issued, especially those related to privacy and security and will work with me to implement any required.

(Signature)

(Date)

(Name Printed)

(Date of Birth)

(E-mail Address)

(Phone)

(License Number)

Funeral Home or Crematory: _____

Vermont Department of Health

Vital Records Office

108 Cherry Street -- P.O. Box 70 -- Burlington, VT 05402

Telephone: 802-863-7275

Fax: 802-651-1787

18 VSA § 1001

(e) Any person who:

- (1) willfully or maliciously discloses the content of any confidential public health record without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$25,000.00, costs and attorney fees as determined by the court, compensatory and punitive damages, or equitable relief, including restraint of prohibited acts, costs, reasonable attorney's fees, and other appropriate relief.
- (2) negligently discloses the content of any confidential public health record without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section shall be subject to a civil penalty in an amount not to exceed \$2,500.00 plus court costs, as determined by the court, which penalty and costs shall be paid to the subject of the confidential information.
- (3) willfully, maliciously, or negligently discloses the results of an HIV test to a third party in a manner that identifies or provides identifying characteristics of the person to whom the test results apply without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section and that results in economic, bodily, or psychological harm to the subject of the test is guilty of a misdemeanor, punishable by imprisonment for a period not to exceed one year or a fine not to exceed \$25,000.00, or both.
- (4) commits any act described in subdivision (1), (2), or (3) of this subsection shall be liable to the subject for all actual damages, including damages for any economic, bodily, or psychological harm that is a proximate result of the act. Each disclosure made in violation of this chapter is a separate and actionable offense. Nothing in this section shall limit or expand the right of an injured subject to recover damages under any other applicable law

Amended 1979, No. 60, § 1; 1997, No. 7, § 1, eff. April 29, 1997; 1999, No. 17, § 2; 2007, No. 73, § 2; eff. April 1, 2008; 2007, No. 194 (Adj. Sess.), § 2; 2009, No. 81 (Adj. Sess.), § 1, eff. April 20, 2010

18 VSA § 5001

(a) Certificates of birth, marriage, civil union, divorce, death, and fetal death shall be in form prescribed by the commissioner of health and distributed by the department of health.

Amended 1959, No. 329 (Adj. Sess.), § 27, eff. March 1, 1961; 1965, No. 112, § 2, eff. Jan. 1, 1966; 1969, No. 265 (Adj. Sess.), § 3; 1999, No. 91 (Adj. Sess.), § 6; 2007, No. 110 (Adj. Sess.), § 2.

18 VSA § 5202. Death certificate; duties of physician and authorized licensed health care professional

(a) The licensed health care professional who is last in attendance upon a deceased person shall immediately fill out a certificate of death on a form prescribed by the commissioner. For the purposes of this section, a licensed health care professional means a physician, a physician assistant, or an advance practice registered nurse. If the licensed health care professional who attended the death is unable to state the cause of death, he or she shall immediately notify the physician, if any, who was in charge of the patient's care to fill out the certificate. If the physician is unable to state the cause of death, the provisions of section 5205 of this title apply. The licensed health care professional may, with the consent of the funeral director, delegate to the funeral director the responsibility of gathering data for and filling out all items except the medical certification of cause of death. All entries, except signatures, on the certificate shall be typed or printed and shall contain answers to the following questions:

(1) Was the deceased a veteran of any war?

(2) If so, of what war?

(b) When death occurs in a hospital and it is impossible to obtain a death certificate from an attending licensed health care professional before burial or transportation, any licensed health care professional who has access to the facts and can certify that death is not subject to the provisions of section 5205 of this title may complete and sign a preliminary report of death on a form supplied by the commissioner. The municipal or county clerk or a deputy shall accept this report and issue a burial-transit permit. This preliminary report of death may be destroyed six months after a death certificate has been filed. This does not relieve the attending licensed health care professional from the responsibility of completing a death certificate and delivering it to the funeral director within twenty-four hours after death. (Amended 1959, No. 329 (Adj. Sess.), § 27, eff. March 1, 1961; 1963, No. 102, § 2, eff. May 22, 1963; 1969, No. 265 (Adj. Sess.), § 10; 1979, No. 142 (Adj. Sess.), § 26; 1997, No. 40, § 22b.; 2009, No. 151 (Adj. Sess.), § 6, eff. Jan. 1, 2012.)