

Steps to Electronically Request *imMTrax* User Access



Follow the steps below for the ***NEW*** process to request *imMTrax* access for users.

1. Before accessing either the initial *imMTrax* access form or the Single User MOA, you **MUST** have an Okta account (security authenticator to verify your identity).
2. Please do not attempt to open the forms in an iPhone or other Apple device. The forms cannot be filled out in Apple's Safari browser.

Please contact the HHS Help Desk at 444-9500 for Okta security account support. Contact the *imMTrax* Help Desk at 406-444-5580 if you have any questions about the steps to request *imMTrax* access for an employee.

Supervisor Steps

1. Supervisor will create an Okta security account (if they don't have one) by visiting login.mt.gov and following the instructions in the [Okta Account Creation Guide](#). Please contact HHS IT Help Desk at 406-444-9500 if you have any issues signing up for an Okta security account.
 - a. *Please **log out** of Okta once you have finished creating your account.
2. Supervisor will open [Electronic *imMTrax* Access Request Form](#). Do NOT click this link unless you have supervisory authority (supervise employees) to submit the *imMTrax* access request.



[imMTrax Access Request](#)

[imMTrax Access Request](#)

Note: When you click the link to the *imMTrax Access Request* form you will be prompted to log into **Okta***, a security authenticator. Choose Citizen login when prompted. If you have any problems accessing this form, please reach out to our IT Department at 406-444-9500

***A supervisor must already have an Okta security account. Please ensure you have an Okta account BEFORE clicking this link. Visit [Montana Okta FAQ for *imMTrax* Access](#) to learn about Montana Okta.**

3. Supervisor completes the *imMTrax Access Request Form*.

- a. Supervisor completes the employee/User Info Section. **Enter the information for the employee you are requesting *imMTrax* access for.**

User Information

* Legal First Name <input type="text" value="Nancy"/>	* Date of Birth <input type="text" value="03-20-1982"/>
Legal Middle Name <input type="text"/>	* Phone Number (ex. 406-444-4444) <input type="text" value="406-444-1234"/>
* Legal Last Name <input type="text" value="Nurse"/>	* Email Address <input type="text" value="nancy.nurse@sphealth.org"/>
* Has the user ever had access to imMTrax before? <input type="text" value="No"/>	
* Employer <input type="text" value="St. Peters Health"/>	* Job Title <input type="text" value="Clinic RN"/>
* Location Name <input type="text" value="SPH Broadway"/>	VFC PIN Number <input type="text" value="2102"/>
* Address <input type="text" value="2550 Broadway Street"/>	* City <input type="text" value="Helena"/>
* State <input type="text" value="MT"/>	* County <input type="text" value="Lewis and Clark"/>
* Zip <input type="text" value="59601"/>	

- b. Supervisor Completes Requested Access Info Section

Requested Access Information

* Start Date <input type="text" value="11-07-2022"/>	End Date (If Applicable) <input type="text" value="MM-DD-YYYY"/>
* Please list access requested here: <input type="text" value="Read Only with Consent : search/view/print records"/>	
* Give a brief justification as to why access is needed <input type="text" value="Nancy needs to know what immunizations her patients are due for."/>	
* Supervisor's Name <input type="text" value="Stacy Supervisor"/>	* Supervisor's Job Title <input type="text" value="Clinic Manager"/>

- c. Supervisor checks the box as the Authorizing Official who can authorize the *imMTrax* access request.

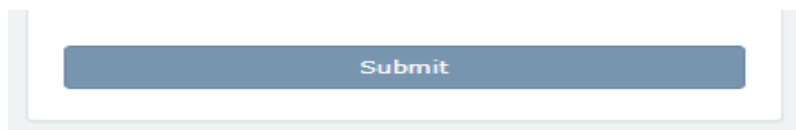
Authorizing Official:

I understand that it is my responsibility to inform the State of Montana Immunization Program immediately when this access is no longer needed. I am authorized to request access for this employee at the location specified.

After submitting this request, the requested user will receive an email with further instructions to complete the *imMTrax* agreement.

* I have read and fully agree to the above authorizing official statement.

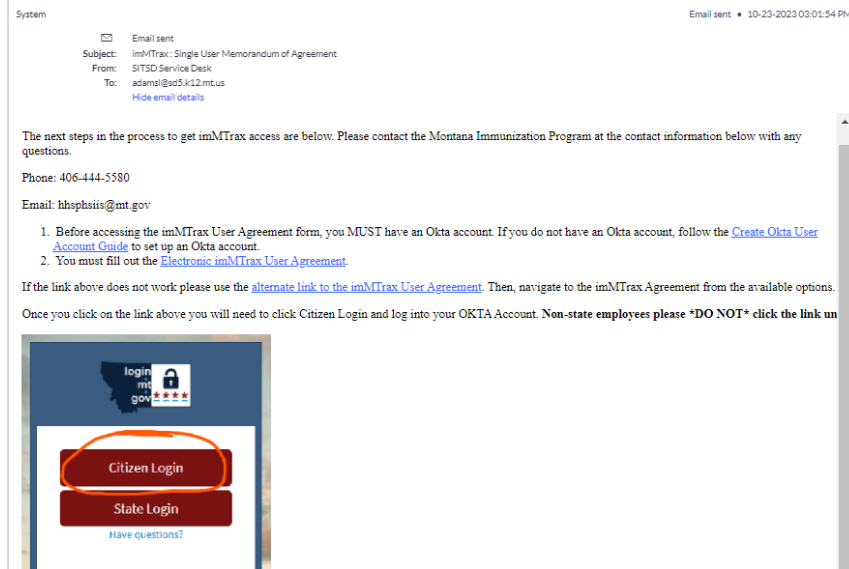
1. Supervisor clicks the **Submit** button to submit the *imMTrax Access Request* form.



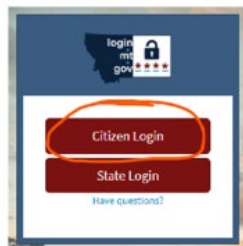
Prospective New User Steps:

1. After the initial *imMTrax* access request has been submitted, the prospective new user will get an automated email from the sender servicedesk@service.mt.gov (see the example email below) with instructions to fill out an *imMTrax User Agreement*.

Note #1: If the user does not get the email like listed below, please contact the *imMTrax* Help Desk at 406-444-5580.



2. The prospective new user will create an Okta account (if they don't have one) by visiting login.mt.gov and following the instructions in the [Okta Account Creation Guide](#).
 - a. *Please **log out** of Okta once you have finished creating your account.
3. The prospective new user should click the link to the *imMTrax User Agreement* they received via email. Once the user clicks the link the user will need to click Citizen login button and log into their Okta account. If you have any problems accessing this form, please reach out to the HHS IT Help Desk at **406-444-9500**.
 - a. **The prospective new user must already have an Okta account. Please ensure the employee has an Okta account *before* clicking this link.**



Note #2: Supervisors DO NOT fill out the *imMTrax User Agreement*. It is a user agreement between *imMTrax* and your staff member/employee.

Note #3: Supervisors DO NOT share your Okta login with your employee. Your employee will need to sign up for an Okta account if they do not already have one. Have them follow the [Create an Okta Account guide to get signed up with an Okta account](#).

Note #4: The prospective new user needs to ensure that they are clicking on the *imMTrax* Agreement button (see photo to the right).



5. The user needs to fill out the *starred fields on the *imMTrax* User Agreement form.

a. REQ# - This number will be listed in the email the user receives instructing them to fill out the *imMTrax* User Agreement.

Request Information

* REQ#

REQ0100387

b. The user will need to check the boxes to agree to use the *imMTrax* system appropriately.

* I will safeguard my imMTrax access privileges and password by not permitting their use by any other person.

* I, or my employer, will notify Montana Immunization Program if I discontinue employment, am terminated, or no longer need access to imMTrax. IIS staff have the authority to inactivate imMTrax user accounts that have not been accessed in over six months.

* I will not access imMTrax for any use outside those required to provide immunization services or activities.

* I will allow patients the option, without penalty, to have their information excluded from entry into imMTrax.

* I will handle information or documents obtained through imMTrax in a confidential manner and in accordance with Montana law (Uniform Health Care Information Act, MCA 50-16, Part 5) and the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

imMTrax Consent

Montana has a voluntary inclusion or "opt-in" policy requiring client or guardian consent for immunizations to be accessible in imMTrax. Changing client consent without authorization is in violation of state confidentiality rules. When obtaining consent, the Montana Immunization Program recommends using the language in the IIS Consent Form available on the Montana Immunization Program's imMTrax website. The consent forms, as well as additional information and guidance can be found at: <https://dphhs.mt.gov/publichealth/imMTrax/index>.

As a requirement for imMTrax access, I acknowledge:

* I will ensure that consent to participate in imMTrax is collected and updated appropriately.

* I have read, understand and accept the terms outlined in the above Memorandum of Agreement. I understand that any violation of these provisions may result in termination of access privileges.

c. The prospective new user should complete the signature section.

Signature

* Facility/Employer Name

SPH Broadway Clinic

* Job Title

Clinic RN

* Full Legal Name

Nancy N. Nurse, RN

* Date

11-09-2022

* My name, typed above, is my electronic signature.

6. The prospective new user should click **Submit** button.

Save

Submit

7. Once all steps have been completed, *imMTrax* support will set up the user's *imMTrax* access. Please note that setting up *imMTrax* access is a manual process.

a. Once that step is completed by *imMTrax* support, the system automatically sends the user their *imMTrax* access credentials via email. **Please contact *imMTrax* support at 406-444-5580 if your employee has not received their *imMTrax* login credentials within three business days after submitting the request for *imMTrax* access. Failure to complete all required paperwork will result in a delay in the user in receiving *imMTrax* access.**