



New User Agreement

By clicking "Accept", I agree to the following:

- I understand that I am requesting access to ShowMeVax, The Missouri Department of Health and Senior Services' Immunization Information System.
- I understand that approval and assignment of the requested ID or approval of the requested change enables me to access the resources which, by law, must be utilized only in the performance of my assigned duties.
- I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use and/or disclosure of information.
- I agree to make no inquiries or updates which are not required in the performance of my official duties.
- I agree to keep confidential all information made available to me in the performance of my official duties.
- I agree not to divulge or share my password with anyone.
- I understand that my user access to ShowMeVax may be revoked if I do not login during a period of six consecutive months.

If I or any person, authorized by RSMo. 167.183 to disclose immunization records, discloses such information for any other purpose, it is an unauthorized release of confidential information and the person shall be liable for civil damages. Violations or disclosures on my part may result in disciplinary action that could be one or all of the following: (1) suspension or dismissal from the system, (2) civil court action, or (3) dismissal from employment.