

Vermont Department of Health
Vermont Electronic Death Registration System (EDRS)
ACCESS AND CONFIDENTIALITY/PRIVILEGE AGREEMENT
for
Funeral Home or Disposition Facility Staff

STATEMENT TO EDRS USER

In Vermont, the licensed health care professional “who last attended a deceased person” shall submit the medical portion of a report of death within 24 hours of the death “in a manner prescribed by the State Registrar.” 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 filling out the non-medical portion of the report of death. (18 VSA § 5202 (a)(3)).

A Vermont licensed Funeral Director or the owner or designated manager of a Vermont Licensed Disposition Facility may electronically sign and submit the demographic portion of a death record using the Vermont Electronic Death Registration System (EDRS). As an employee of a funeral home or other qualifying organization who is not a licensed funeral director, but who is operating under the authority of such, you may enter demographic information into the application, but you do not have permission or access to the functions necessary to “sign” a record.

EDRS USER’S AGREEMENT

As an employee of a funeral home or of a disposition facility who performs data entry for death records, I will submit death record information using the Vermont Electronic Death Registration System (EDRS), which requires and contains confidential and privileged data. As a user of EDRS, I hereby agree as follows:

1. I will access confidential and privileged information within EDRS 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 EDRS 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

Vermont Department of Health

Vital Records Office

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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 EDRS. 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 EDRS 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 EDRS to which I have access. The Department of Health may, at any time, revoke my authorization or access to any information in EDRS.

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 EDRS.

11. I understand that any person who willfully or maliciously discloses the content of any confidential public health records without written authorization or 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)

(Printed Name)

(Date of Birth)

(E-mail Address)

(Phone)

Funeral Home or Disposition Facility: _____

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; 2013, No. 34, § 30a; 2015, No. 37, § 2.)

18 VSA § 5202. Report of death; death certificate; duties of licensed health care professional

(a)(1) Within 24 hours after a death, the licensed health care professional who last attended a deceased person shall submit the medical portion of a report of death in a manner prescribed by the State Registrar. 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 licensed health care professional, if any, who was in charge of the patient's care, and he or she shall fulfill this requirement.

(2) If neither health care professional is able to state the cause of death, the provisions of section 5205 of this title apply.

(3) The licensed health care professional may delegate to the funeral director or the person in charge of the body, with that individual's consent, the responsibility of completing the nonmedical portion of the report of death.

(4) The State Registrar shall furnish the agency responsible for veterans' affairs information as to the deceased's status as a veteran.

(5) The State Registrar shall register the report of death in the Statewide Registration System upon receipt of the required information. The portion of the report of death that is not confidential under section 5014 of this title is the death certificate.

(b) When a death certificate is not available prior to burial or transportation of a body, any licensed health care professional who has access to the facts and can certify that the 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 prescribed by the State Registrar. The health care professional may delegate completion of the nonmedical facts to any funeral director or person in charge of the body with access to the nonmedical facts, with that individual's consent. A person authorized to issue a burial-transit permit shall accept a properly completed preliminary report and issue a burial-transit permit. The preliminary report may be destroyed six months after the death certificate has been registered. This subsection does not relieve a licensed health care professional from his or her responsibilities under subsection (a) of this section. (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; 2017, No. 46, § 47, eff. July 1, 2019.)