Site Registration Form and Instructions

Texas Law requires that all health care providers report all vaccines administered to a child under 18 years of age to ImmTrac, the Texas immunization registry. Prior to including a child's immunization information in the registry, the Texas Department of State Health Services (DSHS) shall verify that parental consent has been granted for that child's participation in ImmTrac. Health care providers shall report all immunization information to DSHS within 30 days of administering the vaccine. The term "provider" is defined as "Any physician, healthcare professional, or facility personnel duly licensed or authorized to administer vaccines."

The ImmTrac registry offers providers and other authorized entities secure online access to Texas immunization data via the Internet. In addition to online access to ImmTrac, an electronic data import process is available to providers who are currently entering data into a client encounter or electronic medical records system. The ImmTrac registry also offers providers without a computer or Internet access a means of reporting immunization information by manually entering data onto the *ImmTrac Paper Reporting Form*. Please refer to the appropriate section below for additional information. Submit registration forms by mail or fax. Call or e-mail ImmTrac Customer Support with any questions.

Mail	Texas Department of State Health Services	Fax	(512) 458-7790
	ImmTrac Group MC1946		
	PO Box 149347		ImmTrac Customer Support (800) 348-9158
	Austin, TX 78714-9347	E-mail	ImmTrac@dshs.state.tx.us

Required registration forms for ImmTrac Participation:
- *Site Registration Form* - Page 2 (NOTE: Sites with more than one location will need to complete a Registration Packet for each location.)
- *ImmTrac Provider Facility/Site Agreement and Confidentiality Statement* – Pages 3 and 4 (NOTE: Only one Agreement is needed for each facility/site.)

Registration Process

After receiving the required registration forms, ImmTrac Customer Support staff will contact you by e-mail or regular mail to provide instructions for printing the *ImmTrac Instruction Manual* and checking your browser version. Please notify ImmTrac Customer Support when you have completed these steps. Customer Support will then assign a user ID and call your site contact person to provide a browser activation code, user login credentials, and basic user training. Setup of the ImmTrac application should only take a few minutes over the phone.

Minimum Computer System Requirements:
- T1 line, DSL, or an Internet Service Provider
- Windows 95 or greater
- Internet Explorer 5.5 or greater with 128 bit encryption
- Internet Explorer set to accept and retain cookies
- Display Properties - DPI setting set to "Normal"
- Internet Explorer text set to "Medium" or "Small"
- Monitor set at 800X600 resolution or greater
- Adobe Acrobat Reader 4.05 or later
- E-mail contact required
- Macintosh and Netscape are not supported

Electronic Data Import Process

Electronic import of immunization data to ImmTrac is available to providers who are currently entering data into client encounter or electronic medical records software. Some electronic medical records systems will support generation of a data extract file that can be imported to ImmTrac. Please ask your software vendor or IT staff to contact ImmTrac Customer Support to obtain the *ImmTrac Electronic Transfer Standards for Providers.*

Paper Reporting Process

Providers who do not have a computer or Internet capability for direct online access to the ImmTrac website may request authority to report immunizations using the *ImmTrac Paper Reporting Form*. Paper reporting requires the provider to manually enter client and immunization data in a specified format onto the ImmTrac-provided reporting form. A separate form is required for each patient. To request paper reporting authority, please affirm and sign the statement on page 4 (User Agreement) of this registration packet. Upon receiving the completed registration forms and request for paper reporting authority, ImmTrac Customer Support staff will mail the provider a reporting form packet containing an instruction page, reporting forms, and continuation pages.

Thank you for completing this form in its entirety

![TEXAS Department of State Health Services logo] ![ImmTrac Texas Immunization Registry logo]

ImmTrac Site Registration Form
Please check a box below for the ImmTrac reporting method this site wishes to use:

☐ ImmTrac Registry (Internet)   ☐ Electronic Data Import Process   ☐ ImmTrac Paper Reporting Process

Site Name _____

Address _____

City _____ State _TX_ Zip _____ County _____

Phone # (_____)_____ Fax # (_____) _____

Mailing address (if different) _____

City _____ State _TX_ Zip _____ County _____

Days open _____ Hours open _____

Name of contact person at this location_____

E-mail address of contact person at this location _____

Contact phone # (if different from above) _____

Physician's name (if applicable, not necessary for school/daycare) _____

    Co-located with other physicians? ☐Y ☐N   If yes, list other physicians whose staff will share ImmTrac access:

    _____   _____

    _____   _____

    _____   _____

Required Site Headquarters Information for ALL registrants: If a primary office owns/manages this site (e.g. this site is a sub-office, satellite office, or mobile unit), please include the primary office's information below. If this site does not have a primary office, enter "NA". For SCHOOLS, record the school district office information.

Name _____

Address _____

City _____ State _TX_ Zip _____ County _____

Phone # (_____)_____ Fax # (_____) _____

Facility Type

Is this site? ☐ Primary Office   ☐ Sub-Office (field/satellite office)   ☐ Mobile Unit (vehicular travel or laptop)

Check all that apply:

__ Private Practice Individual	__ TX Youth Commission Clinic/School	__ Community Health Center/Clinic
__ Private Practice Group	__ School ____*Public or* ____*Private*	__ Federally Qualified Health Center (FQHC)
__ Private Hospital	__ School-Based Clinic	__ Rural Health Clinic
__ Pharmacy	__ College / University	__ Public Hospital
__ Other Private Site	__ Daycare/Child-care Facility	__ WIC Clinic
	Include child-care license number	__ Other Public Site
	(required) lic # _____	__ Local Health Department
	__ Head Start	__ DSHS Regional Office/Field Office
		__ State Agency

Is this site a public health entity? ☐Y ☐N   Is this site owned or administered by a government agency? ☐Y ☐N

Is this site a not-for-profit enterprise? ☐Y ☐N

Please indicate (if applicable) the programs AND the ID number this site uses/has used to bill immunizations. Health Plan Name and ID (e.g., BCBS, Aetna, AmeriGroup) are optional.

TWICES Site ID _____   Medicaid Provider # _____

WIC Site ID _____   Vaccines For Children PIN# _____

Health Plan Name and ID _____   Health Plan Name and ID _____

Health Plan Name and ID _____   Health Plan Name and ID _____

Health Plan Name and ID _____   Health Plan Name and ID _____

Thank you for completing this form in its entirety

Texas Department of State Health Services
ImmTrac – Texas Immunization Registry
Provider Facility/Site Agreement and Confidentiality Statement

This agreement and confidentiality statement, by and between the **Texas Dept. of State Health Services** (DSHS, hereinafter)

and _____ (Provider, hereinafter) made and entered
Provider Facility/Site Name

into on _____ concerning the access and use of ImmTrac, the Texas immunization registry.
Date

1. DSHS agrees to:

   A.   Provide secure Internet access to ImmTrac on existing and compatible provider computers.

   B.   Provide service and support for the ImmTrac registry application, but will not support other software or hardware defects or problems that are unrelated to ImmTrac.

   C.   Provide training and support to provider staff on using the immunization registry, including periodic briefing sessions as needed.

   D.   Provide ImmTrac Customer Support for assistance with questions and technical support. Customer Support is available Monday through Friday from 7:30 am to 4:45 pm by calling (800) 348-9158.

   E.   Maintain registry data from participant's birth to age eighteen.

   F.   Maintain registry information privacy in accordance with state and federal law.

2. Provider staff agrees to:

   A.   List their site's authorized ImmTrac users below, and notify ImmTrac Customer Support at (800) 348-9158 of any change of staff accessing ImmTrac.

   List of staff to access ImmTrac under this agreement (please print clearly):

   _____   _____

   _____   _____

   _____   _____

   _____   _____

   _____   _____

   B.   Offer all parents, managing conservators, or guardians the opportunity to consent to enter their child's identifying and immunization information into the registry, if the child is not already participating in ImmTrac. Consent for ImmTrac should be sent to DSHS.

   C.   With the consent of the parent, managing conservator, or guardian, enter the child's past (if available), present and future immunization data into the immunization registry, ImmTrac.

   D.   Instruct provider personnel on the confidentiality of information in the ImmTrac database. (If an immunization history is requested, print from the immunization history report.)

   E.   Ensure that ImmTrac or any immunization information is not used in a punitive manner (e.g. to deny services or track immigration status), or to solicit new patients or clients.

   F.   Loss of user rights if abuse of registry data is suspected.

   G.   Allow other providers to enter into this same agreement with DSHS and participate in the immunization registry. Note: Using accurate identifying data any user can "view" any client immunization record in the database.

   H.   For the purpose of assuring the quality and accuracy of the consented data submitted to the immunization registry, allow DSHS to compare the provider's immunization records to children whose name appear in the registry and are linked to the provider.

Thank you for completing this form in its entirety

3. Confidentiality Statement:
By signing this confidentiality statement, I certify that I have read this confidentiality statement and agree to comply with the following:

    A.   I will provide copies of this confidentiality statement to provider facility/site staff accessing ImmTrac for their review.

    B.   Agree to be held responsible for my staff's actions regarding information contained in the registry.

    C.   The information entered in the ImmTrac registry is confidential and must be used only for the purpose it is collected.

    D.   Unauthorized disclosure of personally identifiable information is prohibited. A person commits an offense if the person: negligently releases or discloses immunization registry information in violation of Sections 161.007, 161.0071, 161.0073, or 161.008 of the Health and Safety Code; or negligently uses information in the immunization registry to solicit new patients or clients or for other purposes that are not associated with immunization or quality-of-care purposes.

    E.   Any unauthorized disclosure of registry information will result in my losing the ability to access the ImmTrac application.

    F.   I agree not to disclose any past, present, and future immunization records other than to a parent, managing conservator, or guardian of the child and any of the following:
        1) public health district;
        2) local health department;
        3) physician or healthcare provider to the child;
        4) school in which the child is enrolled;
        5) licensed child-care facility in which the child is enrolled;
        6) state agency having legal custody; and
        7) insurance company, health maintenance organization, or payor.

    G.   I agree to protect the ImmTrac User ID and password from unauthorized users.

    H.   I verify that I am an authorized ImmTrac registry user, and I will use the security level assigned by the Texas Department of State Health Services.

    I.   I have read and agree to the terms on this Provider Facility/Site Agreement and Confidentiality Statement.

_____   _____
Print Name of Authorized Personnel   Title*

_____   _____
Signature of Authorized Personnel   Date

*Personnel licensed or authorized to administer vaccines should sign above.

Providers Requesting Paper Reporting Authority:
DSHS is not authorized to perform data entry for providers. The simplest, most accurate, and most efficient form of reporting and viewing immunizations is through direct Internet access to the ImmTrac database. Paper reporting requires that the provider manually enter the client information and immunization data onto the approved *ImmTrac Paper Reporting Form*. This service is available only for providers who do not have a computer or do not have Internet access. To request Paper Reporting authority, please affirm the following by marking an "X" in the box and entering signature and date:

☐ *This facility does not have a computer or Internet access to allow for direct online access to the ImmTrac database.*

_____   _____
Signature of Authorized Personnel   Date

Office Use Only
        Staff Initials_____   Date Processed_____

Thank you for completing this form in its entirety