INDIVIDUAL USER AGREEMENT
State Form 52304 (9-05)
Indiana State Department of Health, Immunization Program

INSTRUCTIONS: *1. Complete and return this form with the Provider Enrollment Agreement and the CHIRP Confidentiality Agreement*

Internal Use Only
IRMS
Facility
Activation Date
County

Individual User Agreement

Office Manager or Authorized Representative:
Please complete the following information for anyone in your practice who will need access to CHIRP Web. Each individual must sign this form prior to receiving a User ID and password. Complete and return this form with the Provider Enrollment Agreement. **When an authorized user leaves this site, the site manager or designee must fax the Remove User form to the CHIRP program office within one week of the employee's last day of employment.**

By signing below, each User acknowledges the following:

- He/she has read and agrees to abide by the CHIRP Confidentiality Policy.
- Information contained in CHIRP is confidential and can only be used for those purposes outlined in the CHIRP Confidentiality Policy.
- He/she is responsible for safeguarding his/her user ID and password.
- His/her ID and/or password must not be given to others.
- CHIRP user IDs and passwords must not be posted in any place.
- Individual CHIRP passwords should be changed periodically to protect security.
- The computer should not be left unattended when a CHIRP session is open.
- He/she must always log off and close the browser when finished with a CHIRP session.

Text

Please complete the following:

1.Name of Organization: _____
2. VFC Pin / School DOE # / Child Care Center License #: _____
3. Individuals who need CHIRP access:

First Name (please print)	Last Name (please print)	Signature	Date	Inventory/ Lot Access	*Access (Circle 1)
					V / F
					V / F
					V / F
					V / F
					V / F
					V / F

*CHIRP offers two types of access. Please indicate your choice:
V = View Access allows record lookup, creating/printing reports (cannot add or change data).
F = Full Access allows all of the above plus data edit and entry.

Please copy additional sheets as necessary.
REMEMBER TO RETURN THIS FORM WITH THE CHIRP CONFIDENTIALITY AGREEMENT

CHIRP Children and Hoosiers Immunization Registry Program

Indiana State Department of Health

Print Form