



HEALTH INFORMATION ORGANIZATION ENROLLMENT AGREEMENT

State Form 54659 (3-11)

Indiana State Department of Health, Immunization Division

INSTRUCTIONS: Complete and sign this form. Keep a copy of the signed form for your records. Fax to (317) 233-8827.

Form must be completed by Health Information Organization (HIO) to participate in the Children and Hoosiers Immunization Registry Program (CHIRP).

HIO Name: _____

HIO Address (number and street, city, state, and ZIP code): _____

HIO Contact: _____

Telephone: _____ Fax: _____

County: _____ E-Mail: _____

CHIRP is an Internet-based immunization registry operated by the Immunization Division of the Indiana State Department of Health (ISDH). Enrolled health care providers or providers' designee and Health Information Organizations (HIOs), as their designees, can obtain immunization information for patients, including tracking and recall. Patient information is confidential and only available to the authorized users.

The immunization records of all children and adults in Indiana may be included in the system without consent. An individual, parent or guardian may withdraw their information from CHIRP at any time. Participation in CHIRP is voluntary. CHIRP is developed under the authority of Indiana Code §16-38-5.

As a condition of participating in CHIRP, the above HIO enters into this agreement with the Indiana State Department of Health, and agrees to the following:

- Information that identifies a patient will not be released to any person other than the patient's provider or provider's designee without the written consent of the patient.
- To use CHIRP only for the immunization needs of patients. The HIO on behalf of the Provider will access the registry
 - to assure adequate immunization,
 - to avoid unnecessary immunizations,
 - to confirm compliance with mandatory immunization requirements,
 - to control disease outbreaks, or
 - to conduct ongoing or special immunization coverage assessments
 - to accomplish other public health purposes as determined and approved by ISDH in writing.
- If this agreement is violated by any use of the system in an unauthorized manner, ISDH reserves the right to terminate access to the system.
- The HIO shall abide by the requirements in Attachment A, CHIRP Confidentiality Agreement, which is incorporated by reference into this agreement.
- The HIO acknowledges that unauthorized disclosure of confidential information may result in legal action. The HIO will take all reasonable steps to assure provider's compliance with confidentiality requirements. It is a Class A Misdemeanor to knowingly, intentionally or recklessly disclose confidential information contained in CHIRP in violation of IC 16-38-5.
- The HIO, through its providers or providers' designee, shall cooperate with ISDH in notifying parents or guardians about the system. Electronic brochures and posters are available at no cost to the Provider.
- When providing immunization updates, the HIO shall furnish specified demographic and immunization information about patients receiving immunizations promptly, striving for submission within one week after immunization administration.

Signing this form signifies that you are in agreement with the items outlined on this form.

Signature of HIO or Authorized Representative _____ Date (month, day, year) _____

Printed Name and Title of HIO Authorized Representative _____

Attachment A – CHIRP HIO Confidentiality Agreement

Indiana Code §16-38-5-1 authorizes the Indiana State Department of Health (ISDH) to develop an immunization registry. The purpose of the registry is to consolidate immunization information among health care providers, assure adequate immunization levels, and to avoid unnecessary immunizations. This policy defines provisions under which the system operates.

Access to CHIRP through HIOs by providers is limited to providers that either provide immunization services or are required to ensure that persons are immunized. Patient specific information is only available to authorized users.

The privacy of participants and the confidentiality of information contained in the registry shall be protected at all times by all authorized users.

I. HIO Agreement

The HIO Agreement must be signed by an authorized representative for the HIO. The HIO assumes responsibility for the proper use and protection of registry data.

HIOs who willfully misuse information contained in the registry will have their access immediately restricted by ISDH. An incident report will be filed, and following investigation, appropriate action taken, which may include criminal penalties.

II. Consent

In accordance with state law, data may be reported to the registry without the specific written authorization of the patient.

III. Use of Registry Data

Parents/guardians and individuals may access a child's immunization record through their health care provider, local county health department, or ISDH. Providers must allow the parent or guardian to inspect, copy, and if necessary, amend or correct their child's immunization records if s/he demonstrates that the record is incorrect by providing verifiable documentation of immunization.

IV. Security Procedures

The HIO shall maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of health information. Registry staff may conduct periodic assessments on privacy and security policies.