

Mitchell E. Daniels, Jr.
Governor

Judith A. Monroe, M.D.
State Health Commissioner



Indiana State Department of Health



October, 2005

Dear Colleague:

Since its implementation in early 2002, the Children and Hoosiers Immunization Registry Program (**CHIRP**) has developed an electronic database that now includes more than 2 million Hoosiers of all ages. All local health departments and nearly all school corporation systems in the state now have access to this important repository of immunization information. We continue to enroll health care providers in private practice, hospitals, and licensed child care centers so that this easy method of access to a person's immunizations is readily available. Parents do not have direct access to CHIRP because it is preferred that the child's health care provider (medical home) be the coordinating entity.

There are two general methods of access to CHIRP. Schools and licensed child care centers have view-only access to be able to search for immunization records on individual children. Health care providers can choose either view-only access or full access, through which immunization records from the practice site are entered into the CHIRP database by an agreement with the practice's billing vendor or by the office staff.

The benefits of using CHIRP include:

- Immunization information is confidential within a secure system design
- Records from multiple providers are consolidated
- The forecasting function recommends an appropriate immunization schedule individualized to each person
- Vaccine inventory and usage are reported to each provider, VFC or private
- Mailing labels, post cards, or letters can be generated for reminder and recall
- Electronic clinic assessment software (CASA) can determine coverage rates
- Electronic reports can be produced for managed care plans and Health Plan Employee Data and Information Set assessments
- Simple training modules to become familiar with the system
- Support and assistance from the CHIRP Website and the CHIRP Support Center

More information on CHIRP can be obtained by contacting the CHIRP Support Center at (888) 227-4439 or by accessing the Web site: <http://chirp.isdh.state.in.us>.

The Immunization Program staff at the Indiana State Department of Health look forward to your involvement in CHIRP.

Sincerely,

Charlene Graves, MD, Medical Director

2 North Meridian Street * Indianapolis, Indiana 46204 * 317.233.1325 * TDD 317.233.5577 * <http://www.statehealth.IN.gov>



Indiana State Department of Health



Benefits for Medical Providers

CHIRP will help our state reach the goal of assuring that 90% of all two-year-olds are age-appropriately immunized. With your participation, we can meet and maintain this goal so that vaccine preventable diseases stay as low as possible.

- ✓ ***There is no charge to participate in CHIRP.*** With your vendor's cooperation, ***data can be exported from your current patient management system*** so that the immunization record does not have to be re-entered into CHIRP. This export is for the demographic record and the CPT codes claimed for immunization only, and does not include any other information. Please note that your vendor may charge a nominal fee for this data export, but that CHIRP staff will work to keep this fee, if any, as low as possible.
- ✓ ***CHIRP helps determine a child's current immunization history*** by making a more complete immunization record easily available to your staff. This will help prevent unnecessary shots (over-immunization).
- ✓ ***CHIRP makes it easier to determine what shots a child needs.*** Right now, you need a trained staff person to review a child's history, assess the current immunization schedule, and make a decision. Since the schedule changes frequently, it takes a lot of staff training to stay current. The CHIRP computer can tell your staff what shots are needed, using the current immunization schedule recommended by the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the Advisory Commission on Immunization Practices (ACIP).
- ✓ ***CHIRP can create reminder notices that can be mailed to parents to bring the child back to your office*** so that kids are immunized as soon as they are due for shots.
- ✓ ***CHIRP helps with vaccine management,*** by keeping track of the doses that have been administered to your patients. ***It can create the VFC (Vaccines for Children) Accountability Report,*** making your monthly report for this program quicker and easier.
- ✓ ***An official child's immunization record can be printed from CHIRP and used for school or child care centers.***
- ✓ ***Almost 500 reports*** can be created and printed to give you more information about your immunization program. These include information about your patients (by age ranges, by zip code, etc.), who has received immunizations, or who is in need of immunizations.
- ✓ ***An assessment of your immunization records*** can be conducted without having to re-enter the data (once the information is in CHIRP.) This helps you determine what percentage of your patients are up-to-date for immunizations, and prints reports that help you determine where you might need to target your efforts. These reports provide ***valuable feedback*** to your staff about how your immunization program is working.
- ✓ CHIRP can produce ***reports for managed care plans*** to help them determine the immunization status of children in their plan that you immunize. When CHIRP is fully operational, it is anticipated that there will be much less need for health plans to send staff to your office to audit medical records for childhood immunization data, meaning less disruption for your office staff.
- ✓ ***By state law, all data in CHIRP is confidential*** and are available only to enrolled providers. CHIRP data is not used for punitive purposes (to punish anyone.)
- ✓ The CHIRP program will provide your office with **brochures and posters** to help you notify your patients about CHIRP, and to let them know that their participation is voluntary.



Indiana State Department of Health



Confidentiality Policy

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 is limited to sites that either provide immunization services or are required to ensure that persons are immunized. Patient specific information is only available to authorized users. "Authorized users" include ISDH, nurses, physicians, medical assistants, and medical clerks and may include office managers.

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

I. Provider Site Agreement

The Provider Site Agreement must be signed by the site manager or designee, who assumes responsibility for the proper use and protection of registry data at their site. Each site must designate authorized users, who will be issued user names and passwords. Each individual user must also sign the User Agreement stating that he/she has read the CHIRP Confidentiality Policy and agrees to abide by its provisions. This User Agreement must be kept with the employee personnel file as documentation.

The Site Manager will notify the CHIRP Support Center when accounts need to be deleted or created due to changes in personnel.

Users 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 civil fines and 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

Authorized users may access the registry, when needed, to coordinate immunization services, assure adequate immunization, assess immunization coverage levels, confirm compliance with immunization requirements, control disease outbreaks, or to access it for reasons approved by the State Health Commissioner.

Health plans and approved researchers may request access to registry data for research and statistical purposes, determined in accordance with department rules. Health plans and providers may only access records of patients for whom they are clinically or contractually responsible.

Schools and licensed child care centers may be secondary users of the registry. Once authorized by signing the Site Enrollment Form and User Agreement, these users may access the system as "view-only" participants to verify patient records for compliance with school entrance requirements.

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

IV. Security Procedures

All enrolled sites 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.



PROVIDER SITE ENROLLMENT AGREEMENT

State Form 52306 (9-05)

Indiana State Department of Health, Immunization Program

| |
|-------------------|
| Internal Use Only |
| IRMS |
| Facility |
| Online Date |

- INSTRUCTIONS:
1. Complete ALL portions of this form
 2. Please sign and keep a copy for yourself
 3. Mail the original to the Indiana Department of Health
Immunization Program 6A-22, 2 N. Meridian
Indianapolis, IN 46204

PROVIDER SITE ENROLLMENT AGREEMENT

To participate in the Children and Hoosiers Immunization Program (CHIRP)

CHIRP is an Internet-based immunization registry operated by the Immunization Program of the Indiana State Department of Health (ISDH). Enrolled health care providers can obtain immunization information for patients, including tracking and recall. Patient information is confidential and is only available to the authorized users of the system.

The immunization records of all children in Indiana may be included in the system without parental consent. An individual or 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.

Name of Health Care Provider/Organization: _____

Type of Organization: _____
(examples: Private Practice, Public Clinic, Public School, Private School, *Child Care Center)

VFC Pin / School DOE # / Child Care Center License #: _____

Provider/Organization's Representative: _____

Number of Clinic Sites in Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Fax: () _____

E-mail: _____

**Child Care Centers are defined by Indiana Law IC 12-17 2.4*

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

- ◆ To use CHIRP only for the immunization needs of patients. The Provider and his or her staff 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.

- ◆ 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 Provider shall abide by the requirements in Attachment A, CHIRP Confidentiality Agreement, which is incorporated by reference into this agreement. Each staff member needing access to CHIRP must sign the CHIRP Confidentiality Agreement, which must be kept with the employee's Personnel File.
- ◆ The Provider acknowledges that unauthorized disclosure of confidential information may result in civil penalties. The Provider will take all reasonable steps to assure employee compliance with confidentiality requirements.
- ◆ The Provider shall cooperate with ISDH in notifying parents or guardians about the system. Brochures and posters will be available at no cost to the Provider.
- ◆ The Provider shall furnish specified demographic and immunization information about patients receiving immunizations promptly, striving for submission within one week after immunization administration.
- ◆ The Provider shall allow the parents or guardians to inspect, copy, and if necessary, amend or correct their own children's immunization records if he/she demonstrates that such records are incorrect. This corrected information shall be entered into CHIRP or a local database and sent to CHIRP.

Signing this form signifies agreement to be a CHIRP authorized user. Please sign, keep a copy for yourself, and mail the original to the Indiana Department of Health, Immunization Program 6A-22, 2 N. Meridian, Indianapolis, IN 46204

| | |
|--|------|
| Signature of Provider or Authorized Representative | Date |
| Signature of CHIRP Authorized Representative | Date |
| Signature of CHIRP Program Manager | Date |



Indiana State
Department of Health



ADDITIONAL SITE ENROLLMENT

State Form 52305 (9-05)

Indiana State Department of Health, Immunization Program

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|-------------------|
| Internal Use Only |
| IRMS |
| Facility |
| Online Date |

- INSTRUCTIONS:
1. Complete ALL portions of this form
 2. Please sign and keep a copy for yourself
 3. Mail the original with completed enrollment documents to the CHIRP Support Center, Indiana Department of Health Immunization Program 6A-22, 2 N. Meridian Indianapolis, IN 46204

Additional Site Enrollment

To participate in the Children & Hoosiers Immunization Program (CHIRP)

Complete this form for each additional facility site that you may have. Please remember to add the Parent Health Care Provider/Organization for each new facility site.

To assure timely addition to CHIRP, please fax all completed forms to: 1-317-233-8827. Contact the CHIRP Support Center with any questions or comments at 1-888-227-4439.

Mail this with the completed enrollment documents to the CHIRP Support Center:

Indiana State Department of Health
Immunization Program, 6A-22
2 North Meridian Street
Indianapolis, IN 46204

Name of Parent Provider/Organization: _____

Name of the Additional Site: _____

Type of Additional Organization: _____
(examples: Private Practice, Public Clinic, Public School, Private School, *Child Care Center)

VFC Pin / School DOE # / Child Care Center License #: _____

Name of Additional Site's Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Fax: () _____

E-mail: _____

**Child Care Centers are defined by Indiana Law IC 12-17 2.4*



Indiana State
Department of Health



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.

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 <i>(please print)</i> | Last Name <i>(please print)</i> | 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



Indiana State Department of Health



CONFIDENTIALITY AGREEMENT

State Form 52303 (9-05)

Indiana State Department of Health, Immunization Program

INSTRUCTIONS: 1. Complete and return this form

| |
|-------------------|
| Internal Use Only |
| IRMS |
| Facility |
| Activation Date |
| County |

Confidentiality Agreement

This form shall be signed by any employee needing access to the state immunization registry. It defines requirements to maintain confidentiality and the employee's agreement to abide by the system's rules. The signed copy is to be kept with the Employee's Personnel File.

The Children and Hoosier Immunization Registry Program (CHIRP) is implemented by the Indiana State Department of Health under the authority of Indiana Code §16-38-5. It allows for the sharing of immunization information among authorized health care providers, health insurers, schools, and licensed child care centers to assure adequate immunization, avoid unnecessary immunizations, meet immunization requirements, and to control disease outbreaks.

All information in the system is confidential, and all users have a responsibility to abide by confidentiality laws. Users who violate these laws will have access to the CHIRP system immediately revoked by the Registry Manager. An incident report will be filed, and following investigation, appropriate action will be taken, which may include a civil or monetary penalty, as allowed by state law.

Patient- or provider-specific information is only available to authorized users, which may include clinic/office managers, nurses, physicians, medical assistants, and clerks.

All users shall safeguard his/her user ID and password, and agree to not give a user ID and/or password to others, or to post a user ID and password on any place.

By signing this form, the User acknowledges the conditions under which access to the CHIRP system is granted, and agrees to be held to these conditions.

New User

Current User / Change Password

Employee Name *(please print legibly)*

Temporary Password *(Minimum 8 characters)*
(must include one number and one letter)

Employee Signature

Date

Email Address *(required for automated password reminders)*



Indiana State Department of Health



USER REMOVAL

State Form 52309 (9-05)

Indiana State Department of Health, Immunization Program

INSTRUCTIONS: 1. Complete and return this form

| |
|--------------------|
| Internal Use Only |
| IRMS |
| Facility |
| De-Activation Date |

User Removal Form

This is a request to remove the following CHIRP User from the CHIRP Program:

First Name: _____ Last Name: _____

Facility: _____

Address: _____

County: _____

DATE TO REMOVE: _____

Signature Date
Office Manager or Authorized Representative

Send Completed Form to:

CHIRP Support Center
Indiana State Department of Health
Immunization Program, 6A-22
2 North Meridian Street
Indianapolis, IN 46204

**For Immediate Removal, please fax to the CHIRP Support Center at 317-233-8827.*



Indiana State
Department of Health



IMMUNIZATION DATA EXEMPTION

State Form 52307 (9-05)

Indiana State Department of Health, Immunization Program

| |
|-------------------|
| Internal Use Only |
| Date Removed |

INSTRUCTIONS: 1. Complete and return this form

Immunization Data Exemption

Complete this form to prevent the entering or sharing of your child's immunization record into the Children and Hoosiers Immunization Registry Program (CHIRP). Please print.

I _____ / _____ wish to prevent entering my child's
Parent/Guardian First Name Parent/Guardian Last Name

_____/_____/_____/_____/_____
Child's First Name Middle Name Last Name Date Birth (Month/Day/Year)

M F
Gender
(Circle One)

_____/_____/_____/_____
Parent/Guardian Address City State Zip Code

immunization record into CHIRP.

I understand that my child's immunization records will not be entered or shared in CHIRP. I understand that I will be required to maintain a hard copy record for the purposes of reporting and verification.

Signature of Parent or Guardian

Date (month/day/year)

Please FAX this form to:
CHIRP Support Center
(317) 233-8827

Or mail it to:
Indiana State Department of Health
Immunization Program 6A-22
2 North Meridian St.
Indianapolis, IN 46204



Indiana State
Department of Health



IMMUNIZATION DATA REMOVAL

State Form 52308 (9-05)

Indiana State Department of Health, Immunization Program

| |
|-------------------|
| Internal Use Only |
| Date Removed |

INSTRUCTIONS: 1. Complete and return this form

Immunization Data Removal

Complete this form to remove your child's immunization record from the Children and Hoosiers Immunization Registry Program (CHIRP). Please print.

I _____ / _____ wish to remove my child's
Parent/Guardian First Name Parent/Guardian Last Name

_____/_____/_____/_____/_____
Child's First Name Middle Name Last Name Date Birth (Month/Day/Year)

M F
Gender
(Circle One)

_____/_____/_____/_____
Parent/Guardian Address City State Zip Code

immunization record from CHIRP.

I understand that my child's immunization records will no longer be available through CHIRP. I understand that I will be required to maintain a hard copy record for the purposes of reporting and verification.

Signature of Parent or Guardian

Date (month/day/year)

Please FAX this form to:
CHIRP Support Center
(317) 233-8827

Or mail it to:
Indiana State Department of Health
Immunization Program 6A-22
2 North Meridian St.
Indianapolis, IN 46204

