



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