

Hawaii Immunization Registry Facility Agreement/Enrollment Application
Hawaii Immunization Registry Fax # (808) 586-8312

Clinic/Provider Name: _____

VFC PIN /HIR Org Code: _____

Contact Person: _____

Last Name

First Name

Title

Physical Address: _____
Number and Street Name (No P.O. Boxes)

City

State

Zip Code

Mailing Address: _____

City

State

Zip Code

Email Address: _____

Telephone: () _____ **Ext.:** _____ **Fax:** () _____

The Hawaii Immunization Registry is a statewide web-based immunization information system that establishes and maintains a repository of lifespan immunization data for the State of Hawaii. Information in the registry will be entered by and available to Authorized Users for authorized purposes only. All Authorized Users are required to protect the confidentiality and security of immunization data and other individually identifiable health information stored in the registry in accordance with the Hawaii Immunization Registry Confidentiality and Privacy Policy and the Hawaii Immunization Registry Security Policy, as well as all applicable State and Federal laws, including HIPAA.

As a requirement for participation in the Hawaii Immunization Registry, I accept the following conditions on behalf of myself and all practitioners, nurses, and others associated with this medical office, group practice, community health center, or other health delivery facility of which I am the physician-in-chief or equivalent.

1. Promptly report to registry personnel all security incidents, suspected security incidents, and any unauthorized releases of confidential information contained in the registry.
2. Limit registry access only to the information necessary to perform their required duties.
3. Provide a written description of the purpose and benefits of the registry as well as the procedure for refusing inclusion in the registry to patients prior to the direct data entry or electronic transmittal of their or their child's demographic and immunization record information into the registry.
4. Allow patients the choice not to include their immunization data in the registry without penalty.
5. Upon completion, transmit copies of Hawaii Immunization Registry Opt-Out Forms and Hawaii Immunization Registry Reauthorization Forms to the Department of Health Immunization Branch.
6. Store completed Hawaii Immunization Registry Opt-Out Forms and Hawaii Immunization Registry Reauthorization Forms and make them available to Department of Health Immunization Branch staff upon request.
7. Complete registry Security Awareness training prior to being granted access.
8. Notify registry personnel when an Authorized User associated with this medical office, group practice, Community Health Center, or other health delivery facility requires a change in access rights, discontinues employment, or no longer requires access to the registry in order to maintain the confidentiality and security of registry information.
9. Enter timely and accurate data into the registry.
10. Allow Immunization Branch staff to review and inspect all medical records relating to patient demographic and immunization information entered into the registry and your organization's registry processes and procedures for data quality assurance purposes.
11. Ensure all staff with authorized access to the registry understand the requirements of the Hawaii Immunization Registry Confidentiality and Privacy Policy and the Hawaii Immunization Registry Security Policy.

The Department of Health Immunization Branch Responsibilities:

1. Ensure the confidentiality and security of registry information by instituting a set of policies and procedures that encompass the administrative, physical, and technical safeguards of the registry (i.e. the Hawaii Immunization Registry Confidentiality and Privacy Policy and the Hawaii Immunization Registry Security Policy).
2. Provide timely communication of new registry features, procedures, best practices, or any other information related to the use of the registry to all Authorized Users.
3. Provide registry Security Awareness training as well as training on the use of the registry.
4. Provide technical support to all registry Authorized Users.

The Department of Health Immunization Branch may terminate all current and future access to the registry at any time for failure to comply with the Hawaii Immunization Registry Confidentiality, Privacy, and Security Policies and the above requirements.

Physician or Organization/Site Administrator's Signature

Physician or Organization/Site Administrator's Title

Print Physician or Organization/Site Administrator's Name

Medical/Occupational License Number or Credentials

Date _____