Site Registration Information Sheet

For all sites/entities accessing ImmTrac information resource(s)
REGISTRATION PACKET

Online Site Registration/Renewal Packet(s):	**Mail:**	**Contact & Information:**
Web Address for Site Registration Packet *(6 pages total)*: *http://www.dshs.state.tx.us/immunize/immtrac/docs/EF11-11206_Reg.pdf* Web Address for Site Renewal Packet *(3 pages total)*: *http://www.dshs.state.tx.us/immunize/immtrac/docs/EF11-11206_Renew.pdf*	Texas Department of State Health Services ImmTrac Group MC1946 PO Box 149347 Austin, Texas 78714-9347	ImmTrac General Support E-Mail: ImmTrac@dshs.state.tx.us Customer Support - (800) 348-9158 **Fax: (512) 776-7790** Web Site: www.ImmTrac.com

Immunization Reporting and Texas Law

Texas law requires that all health-care providers report immunization information to ImmTrac, the Texas immunization registry, within 30 days of administration. This applies to: (a) all vaccines administered to a child younger than 18 years of age and (b) any antivirals, immunizations or medications administered to any client in preparation for or in response to a declared public health emergency or disaster. Texas law also allows for the inclusion into ImmTrac vaccines administered to first responders and immediate family members of first responders 18 years of age and older, and any person age 18 years and older. Prior to including any immunization information into ImmTrac, the provider will affirm to the Texas Department of State Health Services (DSHS) that (a) parental consent for a child or (b) request for inclusion by a first responder or immediate family member of a first responder has been obtained or (c) request for inclusion by a person age 18 years and older.

ImmTrac Services

ImmTrac is now a lifetime registry! ImmTrac offers providers and other authorized entities secure, online access to the Texas immunization registry via the Internet. In addition to online access to ImmTrac, there is an electronic data import process available to providers who are currently entering data into a client encounter or electronic health records (EHR) system. If you have any questions about the ImmTrac registration process, or are unsure if your site has previously registered with ImmTrac, please call ImmTrac Customer Support at (800) 348-9158.

Client Types: *Only as used in the context of this document*

Child
Person younger than 18 years of age, included with parental/guardian consent.

First Responder
Public safety employee, volunteer or other worker whose duties include responding to an emergency in the worker's scope of employment; including all who provide support services during emergencies, disaster and/or other public health events.

First Responder Immediate Family Member
Person 18 years of age and older residing in the same household as a first responder such as a spouse, child, parent or sibling.

Adult
Person 18 years of age and older, or a client's legally authorized representative.

Computer System Requirements and Recommendations

Internet Access (HTTPS)	Computer
- Internet Access (broadband - recommended)	- Monitor set at 800x600 resolution or greater
- Internet Explorer 7.0 or greater (most recent version recommended)	- CPU clock set to correct date/time
- Internet Explorer Security Settings set to default	- Display Properties (DPI) set to "normal" (recommended)
- Internet Explorer Cookie Settings set to accept and retain cookie files	
- Internet Explorer text set to "medium" or "small"	Electronic Data Import Methods
- Adobe Reader 7.0 or higher (most recent version recommended)	Option 1: Web Import - HTTPS Internet Explorer 7.0 or greater
- E-Mail Address for site/access location Point of Contact (required)	Option 2: FTP Import - FTPS (Implicit SSL TLS version 1 or higher) or SFTP (SSH)
** *Firefox, Chrome, Netscape, Safari and all other browsers are not supported.*	** *Macintosh, Linux/Unix and all other open-source software are not supported.*

Electronic Data Import Process

Electronic import of immunization data to ImmTrac is available to providers that are currently entering or processing immunization data into a client encounter or EHR software/database. Some EHR systems will support generation of a data extract file that can be imported/uploaded to ImmTrac. If your site is already registered, please e-mail **ImmTracRegistration@dshs.state.tx.us** to list your IT Staff and/or software vendor/business associate contact person as an authorized secure FTP user in ImmTrac. Once the FTP user(s) are listed and the Site Agreement is verified by ImmTrac, the listed FTP contact person should e-mail **ImmTracRegistration@dshs.state.tx.us** requesting the *ImmTrac Electronic Transfer Standards for Providers* or *ImmTrac Electronic Transfer Standards for Submitters* and the *ImmTrac Secure FTP Specification Sheets.*

HTTPS Data Submission

Available through the ImmTrac web application. HTTPS import requires a completed Site Registration Form and a signed ImmTrac Site Agreement and Confidentiality Statement Form. An ImmTrac Provider/Facility/Site (PFS) number, User ID and password will then be issued by telephone or e-mail as indicated above. Although HTTPS is used for Meaningful Use Attestation it is not an option for live HL7 data reporting.

Secure FTP Data Submission

Allows data submitters to transfer immunization data through automated or manually operated secure FTP clients. Secure FTP requires the following information:
- FTP Data submitter entity name
- FTP Point of contact(s) for business, data and/or technical issues
- FTP Point of contact(s) phone and e-mail address

ImmTrac records management staff will then issue a User ID and password for ImmTrac's secure FTP server. ImmTrac will then review the initial test file(s) to determine if they meet ImmTrac's standard file format(s). Sites will be assigned an Import Code and ImmTrac will assign Provider/Facility/Site (PFS) numbers to all non-registered providers included in all data submissions.

Registration Form/Site Agreement Instruction Sheet

For all sites/entities accessing ImmTrac information resource(s)
REGISTRATION PACKET

Registration Process

There are a few options to complete this form and submit to ImmTrac:
1. Fill the form out electronically, then sign electronically, or print it out and sign by hand and fax to (512) 776-7790 or e-mail an electronically saved copy to ImmTracRegistration@dshs.state.tx.us
2. Print out this form and fill out all the fields by hand then sign and fax to (512) 776-7790 or e-mail an electronically copy to ImmTracRegistration@dshs.state.tx.us

Below are brief descriptions of some (not all) the fields that ImmTrac receives questions on most frequently.

Meaningful Use - *please go to* **http://www.dshs.state.tx.us/immunize/immtrac/attestation.shtm** *for more information.*

Site Name and Address: *registering facilities full legal name and physical address*

TVFC PIN: *registering facilities "Texas Vaccine for Children's" "provider identification number" (if applicable)*

Facility Type: *please choose from the following choices*

College/University	Community Health Center/Clinic	Correctional - Managed Health Care Facility
Daycare (Licensed Child-Care Center)	Dialysis Clinic	DSHS Regional Main/Field Office
Fire Dept - EMS	Head Start	Local Health Dept - City/County
Migrant Health Center	Mobile Immunization Clinic	Nursing Home
OBGYN - Obstetricians, Gynecologists	Other Private Site	Other Public Site
Payor - Health Plan or Insurance	Pharmacy	Private Hospital
Private Practice Group	Private Practice Individual	Private School
Public Hospital	Public School	Rural Health Center/Clinic
School-Based Clinic	State Agency	Texas Youth Commission Clinic
Third-Party Data Submitter	WIC Clinic	Other

Texas Department. of Family Protective Services License # *(if Facility Type is daycare)***:** *please list the Texas DFPS "Operation Number". Child-Care Residential Homes that are not listed as a Child-Care Centers/Facilities on the DFPS searchable web site are not allowed access into ImmTrac.*

Texas Department. of Insurance # *(if Facility Type is Payor)***:**

NAIC # *(if Facility Type is "Payor")***:** **National Association of Insurance Commissioners**

Does your site administer vaccines? *This information is used to determine user/site level access needs. Choices below:*

- Yes, to clients and employees
- Yes, to clients only
- Yes, to employees only
- No

Preferred Reporting Method:

- FTP - File Transfer Protocol (FTP) using SSL (FTPS) or SSH (SFTP) encryption methods
- Web - Secure web (HTTPS) access using Microsoft Internet Explorer.

Is this site a Federally Qualified Health Center (FQHC)? Yes or No?

***Is this site a Public Provider?** Yes or No? *ImmTrac defines a "public provider" as a site that is owned or operated by a government entity (e.g. city, county, state and/or federal agency)*

Site Type:

- Primary (headquarters)
- Sub-Office (field/satellite)
- Mobile Office (vehicular)

HQ (Headquarters) PFS# (Provider/Facility/Site No.): *applicable if a site has a ImmTrac registered headquarters site that it is a member of.*

HQ Site Name and Address: With the information provided, *ImmTrac groups all related sites under their HQ site so that the HQ can run reports for all sub-offices it manages.*

Licensed Medical Professional(s) (LMP) responsible for overseeing the administering of vaccines at this site. Private Practice Individuals should list only one LMP. Private Practice Groups or practices with more than one LMP should list all physicians or lead LMP's in charge of administering vaccines. Schools and health care facilities with no assigned physician should list the licensed nurse on site at this facility responsible for administering vaccines. Health Plans/Payors and Daycares are not required to list LMP. Please list license/ certification types

NPI (National Provider Identifier) numbers and types of NPI associated with this registering site (if applicable). There are generally two types of NPI's, individual and organizational. Please list all applicable NPI #'s and NPI types associated with this site and all providers who administer vaccines.

ImmTrac Site Registration Form

For all sites/entities accessing ImmTrac information resource(s)
REGISTRATION PACKET

Please fill out this form on your computer (electronically) which will help reduce errors and will help with legibility.
Please look over these forms carefully as some fields are required and some fields are drop-down boxes with lists to choose from.
Please refer to the ImmTrac "Registration Form and Site Agreement Form Instructions" (pg.2) for more information on how to fill out these forms.

**** Denotes Required Information***

Do you intend to attest for Meaningful Use (MU) Stage 1? ***Administering of immunizations is an optional item for MU Stage 1.***	◯ Yes ◯ No
Do you administer immunizations?	◯ Yes ◯ No
Do you intend to do MU Stage 2? ***Administering of immunizations is a core requirement for MU Stage 2.***	◯ Yes ◯ No

***Site Name:**							
***Physical Address:**		***City:**		***County:**			
***State:**	TX	***Zip Code:**		***Phone Number:**		Fax Number:	
TVFC PIN:		***Facility Type:**					
Texas Department of Family Protective Services license (DFPS) # (if Facility Type is "Daycare"):							
Texas Department of Insurance license (TDI) # (if Facility Type is "Payor"):		NAIC # (if Facility Type is "Payor"):					
***Does your site administer vaccines?**		***Preferred Reporting Method:**					
***Is this site a Federally Qualified Health Center (FQHC)?**		***Is this site a Public Provider?**					
Provider Medicaid No:		Percentage of Medicaid Clients: %		Percentage of Medicare Clients: %			
***Site Type:**		HQ (Headquarters) PFS# (Provider/Facility/Site No.): *if applicable*					

Required site headquarters (HQ) information for ALL registrants: If a primary office owns and/or manages this site (e.g. this site is a sub-office, satellite office or mobile unit), please include the primary office's PFS # above and HQ's information below. For SCHOOLS, enter the school district office information.

HQ Site Name:				Phone Number:			
Physical Address:				Fax Number:			
City:		County:		State:	TX	Zip Code:	

Licensed Medical Professional(s) (LMP) responsible for overseeing the administering of vaccines at this site. Private Practice Individuals should list only one LMP. Private Practice Groups or practices with more than one LMP should list all physicians or lead LMP's in charge of administering vaccines. Schools and health care facilities with no assigned physician should list the licensed nurse on site at this facility responsible for administering vaccines. Health Plans/Payors and Daycares are not required to list LMP.

Full Name:		License(s)/Certification(s) Type:		License/Certification No:	
Full Name:		License(s)/Certification(s) Type:		License/Certification No:	

NPI (National Provider Identifier) numbers and types of NPI associated with this registering site (if applicable).

NPI No.		NPI Type:		NPI No.		NPI Type:	
NPI No.		NPI Type:		NPI No.		NPI Type:	

Please review your information before submitting. Thank you for completing this form in its entirety!

ImmTrac Point of Contact and User Information

For all sites/entities accessing ImmTrac information resource(s)
REGISTRATION PACKET

Please read the following carefully before adding contact information and users below:

User ID Rules and Requirements:
Each person listed in the fields below as a "Web" user is assigned an individual user ID for this PFS (provider/facility/site). Sharing web application user ID's is not allowed per DSHS/ImmTrac access rules. A PFS that violates this rule and/or any part of the ImmTrac Site Agreement and Confidentiality Statement may have their access privileges removed. Authorized PFS users that may work at more than one PFS, must login with the appropriately assigned user ID for that PFS. If an entity is not registered with ImmTrac, please fill out a separate Registration Form for that site and a User ID for each person will be assigned for that particular PFS. The listed point of contact is responsible for determining and communicating to ImmTrac (preferably via e-mail at ImmTracRegistration@dshs.state.tx.us) when an individual of that PFS no longer requires access and/or when a new user is added and requires a new individual user ID assigned to them. Please indicate if a user is a "Web" user or "FTP" user by selecting the 'User Type' in the drop down boxes below. FTP users that access ImmTrac's secure FTP server and submit client/immunization data on behalf of the PFS must also be listed in ImmTrac. This is also the responsibility of the registered PFS. ImmTrac will not provide FTP and/or ImmTrac application technical support to individuals who contact ImmTrac Customer Support on behalf of the PFS and are not listed as one of the authorized users in ImmTrac. The listed point of contact must communicate with third-party data submitters (such as your site's EHR software vendor) and ImmTrac in designating one or more individuals as the FTP point(s) of contact. Site Agreements must be renewed every two years. If your PFS Site Agreement is within the two year period, the PFS point of contact should call (800-348-9158) or e-mail at the e-mail address above. If the 'point of contact' person status changes at a PFS and requires user access changes to be made in ImmTrac, an ImmTrac representative may request another Site Agreement Renewal be filled out, signed and returned before access can be granted. All Site Agreements may take up to 10 days to process. Pease e-mail ImmTracRegistration@dshs.state.tx.us if you are inquiring about the status of your Site Registration and/or Site Agreement Renewal.

***Point of Contacts First Name:**		***Point of Contacts Last Name:**	
***Point of Contacts Job/Professional Title:**			
***Point of Contact's Phone #:**	Ext.	***Point of Contact's E-Mail:**	

User Type:	First Name:	Last Name:	E-mail:

**** Denotes Required Information***

Site Agreement and Confidentiality Statement

For all sites/entities accessing ImmTrac information resource(s)
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This agreement and confidentiality statement is by and between the Texas Department of State Health Services (DSHS, hereinafter) and

***Site Name** _____ made and entered into on

***Date** _____ concerning the access and use of ImmTrac, the Texas immunization registry.

1. DSHS agrees to:

A. Provide:
- Secure access to the DSHS ImmTrac database for compatible computers at registered sites.
- Training and support to authorized site staff on using ImmTrac, including periodic briefing sessions as needed.
- Customer support for assistance with questions and technical support for ImmTrac information resources-specific issues [customer support: Monday through Friday (except state holidays) from 7:30 AM to 4:00 PM CST by calling (800) 348-9158].

B. Maintain:
- Registry data for: (a) participants from birth to age 18 years old, (b) first responders, (c) first responder immediate family members 18 years of age and older, (d) participants age 18 years and older, (e) persons entered in preparation for or in response to a declared public health emergency or disaster related event (information is retained for 5 years after the event has been declared over unless consent to further retain information permanently is obtained) --all consistent with Texas Health & Safety Code Chapter 161.
- Registry information privacy in accordance with state and federal law, and DSHS policy.

C. Adhere to DSHS ImmTrac security and customer support access policies as follows:
- Assign each individual user a unique user id and remind sites that user ID's for ImmTrac web access cannot be shared.
- Auto-Lock accounts which are not used within 30 days of creation.
- Delete accounts which are not used within 90 days of creation.
- Auto-Lock accounts with previous activity which are inactive for more than one year, with the exception of schools (which are auto-locked after two years of inactivity).
- ImmTrac will handle all out-of-state access requests on a case by case basis. Out-of-state providers and schools must be actively providing service to Texas clients. The number of Texas clients that a provider or school services, and Texas medical professional licenses for the providers at issue, will also be taken into consideration in the agency's decision-making process regarding access and/or release of client data. By signing this agreement, an out-of-state provider affirmatively agrees to be bound by Texas law, and stipulated to Travis County, Texas as the venue for any legal proceedings stemming from the provider's ImmTrac usage. All ImmTrac users are also subject to federal privacy laws.

2. Sites/individuals accessing ImmTrac agree to:

A. Registered ImmTrac users at the site may only access information in ImmTrac for purposes allowed by Texas Health & Safety Code Sec. 161.008(d) and DSHS Rule 100.5(e). At no time should records be accessed in ImmTrac for any other purpose. Violation of these restrictions are a Class A misdemeanor under Texas Health & Safety Code Section 161.009. DSHS Rule 100.5(e)(2) allows access for these entities, subject to the stated limitations: (**a**) a Texas public health district or a Texas local health department, for public health purposes within their areas of jurisdiction; (**b**) a physician or any health care provider licensed (or otherwise legally authorized) to administer vaccines in Texas, for treating the child as a patient; (**c**) a Texas school or Texas child care facility, for a child enrolled in that school or child care facility; (**d**) a payor currently authorized by the Texas Department of Insurance to operate in Texas, for immunization records related to the specific person in Texas covered under the payor's policy; and/or (**e**) a state agency having legal custody of a child.

B. Offer all parents, managing conservators or legal guardians for children given immunizations at the site the opportunity to consent to enter the child's immunization information into ImmTrac, if the child does not already participate in ImmTrac. Affirm consent was granted to DSHS, according to the procedures specified by DSHS. Print, sign and release to the parent, legal guardian or managing conservator, the immunization history report of a child, less than 18 years of age, when requested.

**** Denotes Required Information***

Site Agreement and Confidentiality Statement

For all sites/entities accessing ImmTrac information resource(s)
RENEWAL PACKET

continued from page 5

C. Offer all first responders and first responder immediate family members 18 years of age and older, who receive immunizations at the site, the opportunity to request to enter their immunization information into ImmTrac, if the person does not already participate in ImmTrac. Affirm consent was granted to DSHS, according to the procedures specified by DSHS. Print, sign and release to the first responder and first responder immediate family members 18 years of age and older, their immunization history report when requested.
D. Offer all adults, age 18 years and older, who receive immunizations at the site the opportunity to request to enter their immunization information into ImmTrac, if the person does not already participate in ImmTrac. Affirm consent was granted to DSHS, according to the procedures specified by DSHS. Print, sign and release to the adults, age 18 years and older, their immunization history report when requested.
E. With the appropriate consent, enter the person's present and future immunization data into ImmTrac.
F. Instruct site personnel on the confidentiality of information in the ImmTrac database (see Texas Health & Safety Code Sec.s 161.0073 and 161.009, found at **http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.161.htm#161.0073** as well as DSHS Rule 100.2, found at **http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=100&rl=2**).
G. Ensure ImmTrac or any immunization information is not used in a punitive manner (e.g. to deny services or track immigration status) or to solicit new patients or clients.
H. Loss of user privileges if abuse of ImmTrac data is suspected by DSHS.
I. For the purpose of assuring the quality and accuracy of the data submitted by the site to ImmTrac, allow DSHS to compare the sites immunization records to children whose names appear in ImmTrac and are linked to a provider(s) at the site.
J. Sites/registered providers are ultimately accountable for all site usage of ImmTrac. If a site is deemed a security risk, some or all user accounts in that site may be administratively locked and DSHS reserves the right to remove any user from ImmTrac.
K. Nothing in this agreement grants any authority to anyone to conduct research using ImmTrac data.
L. Sites must designate a point of contact and/or a signature authority that is authorized to sign the ImmTrac Site Agreement and Confidentiality Statement.

3. Confidentiality Statement

A. I will provide copies of this confidentiality statement to all site staff accessing ImmTrac for their review, and direct them to ImmTrac online training materials located within the Texas Vaccine Education Online - Immunization Branch website: **http://www.vaccineeducationonline.org/login/index.php** and also the ImmTrac Instruction Manual located in the help section within the ImmTrac web application. Registered sites are required to have site's listed authorized users to review the ImmTrac training materials at least every two years.
B. I agree to be held responsible for my staff's actions regarding ImmTrac.
C. The information entered in ImmTrac is confidential and must be used only for the purpose it is collected, consistent with state and federal law. The site and providers hereby agree to fully comply with these restrictions.
D. ImmTrac data is confidential by law. Unauthorized use and/or disclosure of this data is prohibited (see Texas Health & Safety Code Sec. 161.0073 and DSHS regulations at 25 TAC Sec. 100). Texas law makes unauthorized use and/or release a criminal act (see Texas Health & Safety Code Sec. 161.009), including negligently using information in the immunization registry to solicit new patients or clients.
E. Any unauthorized disclosure of Registry information will result in my losing the ability to access ImmTrac.
F. I agree to protect the ImmTrac user ID and password from unauthorized users.
G. I verify that I am an authorized ImmTrac registry user and will only use the user id assigned by DSHS ImmTrac.
H. I have read and agree to the terms on this ImmTrac Site Agreement and Confidentiality Statement.

By signing electronically or using your hand written signature below as the "Authorized Person", you are certifying that you have read this confidentiality statement and agree to comply with the ImmTrac Site Agreement, Rules and Requirements. Only staff authorized to sign their name on behalf of this site should sign and certify. By this signature, all the listed ImmTrac users for this site are bound by the conditions and obligations in this user agreement.

***Print Name of Authorized Person:**		***Title:**	
***Signature of Authorized Person:**		***Date:**	

Date is not required if signing electronically. Electronic signatures must be legible if printed, mailed and/or faxed.
Submit your completed form to Texas Department of State Health Services, ImmTrac Group MC1946, PO Box 149347, Austin, Texas 78714-9347 or faxing it to (512) 776-7790.
Electronically signed and saved forms can be e-mailed to ImmTracRegistration@dshs.state.tx.us
**** Denotes Required Information***