



Regional Immunization Data Exchange



CALIFORNIA IMMUNIZATION REGISTRY (CAIR) REGION IV / REGIONAL IMMUNIZATION DATA EXCHANGE (RIDE) ORGANIZATION ACCESS AGREEMENT - SITE ENROLLMENT FORM

Steps to Enroll:

1. Complete the information on page 1. *If you are an Organization with **more than one physical location**, complete and submit a separate page 1 of this Agreement **for each additional Site** you wish to enroll.*
2. Have an authorized representative of your Organization/Site read pages 2-3, and sign the 3rd page of this Agreement.
3. Mail the completed Agreement to the address listed on Page 3. If you have any questions, call the Registry Help Desk at: 1-209-468-2292 during normal business hours.

Organization Information

Organization Name		
Address line 1		
Address line 2		
City	State	ZIP
Contact Name		Contact Email Address
Contact Phone		Contact Fax
Organization Type <input type="checkbox"/> Health care provider <input type="checkbox"/> School/child care <input type="checkbox"/> WIC agency <input type="checkbox"/> Health care plan <input type="checkbox"/> CA State Imms branch <input type="checkbox"/> Other _____		
Requested Access Method <input type="checkbox"/> Web Browser Interface <input type="checkbox"/> Electronic Data Exchange (HL7) [Requires additional setup]		

Site Information

Site/Clinic Name		
Address line 1		
Address line 2		
City	State	ZIP
Contact Name		Contact Email Address
Contact Phone		Contact Fax
VFC PIN(s)	Will Use Inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Type		
<input type="checkbox"/> Community <input type="checkbox"/> Health Plan <input type="checkbox"/> Hospital – private <input type="checkbox"/> Hospital – public <input type="checkbox"/> Indian Health <input type="checkbox"/> Other _____		<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> CAIR Regional Registry
Organization Name, if already registered (“Logged into” field located in upper left hand corner of screen)		
Responsible Clinician Name	Title	CA Medical License Number



**CALIFORNIA IMMUNIZATION REGISTRY (CAIR) REGION IV ORGANIZATION ACCESS
AGREEMENT - SITE ENROLLMENT FORM**

Organization Agreement

This document is to serve as an Agreement between San Joaquin County Public Health Services (hereafter referred to as "SJCPHS"), on behalf of the San Joaquin County Immunization Registry Project (aka-California Immunization Registry – Region IV, aka-RIDE, hereafter referred to as the "Registry") and the Organization/Site listed on page 1 (hereafter referred to as "Organization/Site").

The Registry utilizes a secure, computerized online information system developed to assist medical providers and other approved agencies to track and review immunization information and TB test results for individuals, assess immunization needs and remind/recall patients, avoid unnecessary or redundant immunizations, and control disease outbreaks. Information in the Registry is only available to authorized users. Based on the access level approved, this Agreement will allow the Organization/Site to access, view, add, or modify immunization information/TB test results in the Registry either via the web interface or through electronic data exchange under the conditions listed below. As conditions for participating in the Registry, the above Organization/Site agrees to:

1. Comply with California Health and Safety Code Section 120440 regarding immunization registry use, as well as State and Federal laws and HIPAA regulations regarding maintaining the confidentiality of patient information.
2. Ensure your Organization staff receive appropriate Registry training prior to accessing information in the Registry.
3. Access information in the Registry only as needed to perform immunization/TB-related activities for individuals presenting to your Organization for services.
4. Safeguard and ensure no sharing of assigned passwords.
5. Ensure no misuse or wrongful disclosure of information in the Registry by your Organization staff or any contracted employees.
6. Enter accurate and timely data and to not knowingly enter invalid or false data into the Registry.
7. Disclose to patients or their parents/guardians that state law allows patient immunization information and TB test results to be shared with the Registry but that patients/parents have the right to decline to share their immunization records/TB test results with other Registry users, and the right to refuse reminder/recall notifications. Written disclosure is highly recommended.
8. Report any activity that may compromise the protection and privacy of the information in the Registry.
9. Take steps to maintain a high level of data quality.
10. Inform the Registry Help Desk when staff or contractors with Registry user accounts leave employment.

RESPONSIBILITY:

1. Organization/Site acknowledges that SJCPHS is not responsible for the accuracy of the data which they receive.
2. In no event shall SJCPHS be liable for special, indirect, and/or consequential damages. Organization/Site hereby waives any claim and recourse against SJCPHS for such damages.
3. Organization/Site shall strive to provide accurate and timely data.
4. Organization/Site acknowledges that all equipment (hardware and/or software) provided by SJCPHS is contingent upon the provider staying with the Registry.



HOLD HARMLESS:

The Organization/Site agrees to indemnify, hold harmless, and defend the County, its officers, agents, and employees from any and all claims and losses accruing or resulting to any and all contractors, suppliers, laborers, and any other person, firm, or corporation furnishing or supplying work services, material or supplies in conjunction with this agreement, and from any and all claims and loss accruing or resulting to any person, firm, or corporation who may be injured or damaged by acts or omissions in the performance of this agreement.

By signing this Agreement, the Organization/Site Representative agrees that the Organization/Site will abide by the Registry rules set forth in this Agreement. SJCPHS reserves the right to terminate this Agreement if the Organization/Site or its staff violate this Agreement or use the system in an unauthorized manner. This Agreement will remain in effect until terminated by either party.

RIGHT TO AUDIT:

SJCPHS has the right to audit compliance with the provisions of this agreement and to make recommendations for improvement. If, after recommendations are made, sufficient improvements are not made to resolve issues that affect confidentiality or data quality, SJCPHS reserves the right to suspend Registry access to the Organization/Site or terminate this agreement.

Name of Organization/Site Representative

Signature of Organization/Site Representative

Title of Organization/Site Representative

Date

FOR SJCPHS USE ONLY:	
_____ Maggie Park, MD Health Officer San Joaquin County Public Health Services	_____ Date

When completed and signed, email this form to the Registry Help Desk at support@myhealthyfutures.org

Alternatively, you can fax them to us at 209-462-2019.

If you have questions, please call the Registry Help Desk at 1-209-468-2292.