



INDIVIDUAL USER AGREEMENT FOR SCHOOLS

State Form 55577 (R5 / 4-26)
INDIANA DEPARTMENT OF HEALTH, IMMUNIZATION PROGRAM

Internal Use Only
IRMS
Facility
Online Date

- INSTRUCTIONS: 1. Each user within your school must complete this form.
2. Return page 1 via email to CHIRPAccess@health.in.gov.

INDIVIDUAL USER AGREEMENT AND CONFIDENTIALITY STATEMENT SCHOOL USER

The Children and Hoosier Immunization Registry Program (CHIRP) is implemented by the Indiana 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, schools, and licensed childcare centers to assure adequate immunization, avoid unnecessary immunizations, meet immunization requirements, and to control disease outbreaks. CHIRP may only be accessed in accordance with **IC 16-38-5-3**. Providers, which includes nurses, may also access CHIRP, but they should only be accessing information for individuals for whom they have provider/patient relationship (students).

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 CHIRP 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 information is only available to authorized users.

By signing this form, the User acknowledges the conditions under which access to the CHIRP system is granted, and agrees to the following:

- I have read and agree to abide by the CHIRP Confidentiality Policy (*see page 3 of this form*).
- I understand that CHIRP data is confidential and may only be used as outlined in this form.
- I understand that my User ID and password are for my use only.
- I am responsible for safeguarding my User ID and password.
- I may not give my User ID or password to any other individual.
- I will not post my User ID or password.
- I understand that I will be required to change my password periodically.
- I agree not to leave the computer unattended when I have a CHIRP session open.
- I agree to log off and close the browser when I am finished with a CHIRP session.

ACCESS REQUIRED FOR ACCREDITED OR NON-ACCREDITED SCHOOL OR DISTRICT

- Enrollment Reason New User – school nurse user access
- Existing User – Transferring to new school in same District
- Existing User – District access to school(s) in same District
- Existing User – Transferring to school in new District - Existing District/School access will be inactivated

CHIRP Username _____
Enter existing School/District Username (*not required for new users*)

_____ Is Active? Yes No

School Name _____ School ID# (IDOE) _____

District Name _____ District ID# (IDOE) _____

School Location (*Street Address, City, State, ZIP*) _____

Telephone (*including area code*) _____

School e-mail address (*Official school emails only. Group or multi-user e-mail is unacceptable.*) _____

NAME OF INDIVIDUAL REQUESTING CHIRP SCHOOL MODULE ACCESS

School Nurse (*include license number*) _____ Is Active? Yes No

Certified Medical Assistant (*include license number*) _____ Is Active? Yes No

Non-licensed Professional in School (*list job title*)** _____

First Name

Middle Initial

Last Name

Suffix

Individual e-mail address (*Group or multi-user e-mail is unacceptable.*)

Requestor Signature

Date (*mm/dd/yyyy*)

SUBMISSION

I will review the training modules available under [References & Resources](#) prior to entering any records into CHIRP (*required for non-licensed personnel only*).

**Please note that a licensed nurse or licensed medical person must be employed by the school district in order for non-licensed personnel to have full access to CHIRP. By default, non-licensed personnel will be granted view-only access without the approving signature of the nurse.

SIGNATURE REQUIRED TO PROCESS REQUEST: This individual is approved to access CHIRP for this facility.

Principal - Primary Approver

Principal Name

Principal Signature

Date (*mm/dd/yyyy*)

School Nurse or Medical Provider - Primary Approver

School Nurse or Medical Provider Name

School Nurse or Medical Provider Signature

Date (*mm/dd/yyyy*)

Principal: The signed copy of this form is to be kept in the Employee's Personnel File. Please have all persons needing access to the registry read and sign this form. This form must be completed prior to receiving a User ID and password.

Confidentiality Policy

****Do Not send this page back to CHIRP. (Only pages 1-2 should be signed/returned.)****

Indiana Code §16-38-5-1 authorizes the Indiana Department of Health (IDOH) 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.

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

I. School Site Agreement

The School 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 s/he has read the CHIRP Confidentiality Policy and agrees to abide by its provisions. The 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 IDOH. 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.

Approved researchers may request access to aggregate registry data for research and statistical purposes, determined in accordance with department rules. 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 IDOH. Authorized users must allow the parent or guardian to inspect, copy, and if necessary, amend or correct their child's immunization records if s/he 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.