



## CHIRP INDIVIDUAL USER AGREEMENT WITH DOA

State Form 53697 (R / 10-25)

INDIANA DEPARTMENT OF HEALTH, IMMUNIZATION PROGRAM

Internal Use Only
IRMS
Facility
Online Date

- INSTRUCTIONS:**
1. Complete both page one and two of this form.
  2. The employer and Medical Officer must sign and have notarized page two of this form.
  2. Return both page one and two via email to [CHIRPAccess@health.in.gov](mailto:CHIRPAccess@health.in.gov) or mail to:  
Immunization Dept., 2 North Meridian Street, Section #6A-22, Indianapolis, IN 46204

### CHIRP INDIVIDUAL USER AGREEMENT WITH DELEGATION OF AUTHORITY (DOA) AND CONFIDENTIALITY STATEMENT FOR PRIVATE PRACTICE PROVIDERS

**Site Manager:** Please have the employee in your facility who needs Children and Hoosier Immunization Registry Program (CHIRP) access read and sign this form. This form is designed for employees of your facility who are not certified, licensed, or registered medical professionals by the Indiana Professional Licensing Agency. You must also indicate at the bottom of this form the level of use for this User and sign. This form must be completed prior to receiving a User ID and password. **The signed copy of this form along with the notarized Delegation of Authority (page 2) is to be kept in the Employee's Personnel File.** To delete a User from your site use the Remove User form. Email this form to the CHIRP program at [CHIRPAccess@health.in.gov](mailto:CHIRPAccess@health.in.gov) within one week of the User's last day of employment.

**User:** CHIRP was 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.

All information in the system is confidential, and all users have a responsibility to abide by confidentiality laws. Users who violate these laws may 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- or provider-specific 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.

I understand that by law I am not able to access CHIRP, but my physician employer is giving me Delegation of Authority to access CHIRP on his/her behalf. This Delegation of Authority is given at the discretion of my physician employer and may be revoked at his/her discretion as well.

\_\_\_\_\_  
Employee Name (*please print legibly*)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed (*month, day, year*)

\_\_\_\_\_  
Complete Facility Name

\_\_\_\_\_  
Facility Location (*Street Address, City, State, ZIP*)

\_\_\_\_\_  
Phone (*including area code*)

\_\_\_\_\_  
Individual e-mail address (*Valid emails ONLY. Group or multi-user e-mails are unacceptable.*)

## DELEGATION OF AUTHORITY FOR CHIRP ACCESS

I \_\_\_\_\_ (*printed legal name*) attest that I am licensed by the Indiana Professional Licensing Agency as a physician. As a licensed physician, Indiana Code allows me to have access to the Children and Hoosier Immunization Registry Program (CHIRP). As the User's employer and Responsible Medical Officer, I hereby give Delegation of Authority to \_\_\_\_\_ (*User*) to access CHIRP on the following level on my behalf:

- ☐-View Only (only able to view records, not able to add, edit, inactivate, or print)
- ☐-Edit-Access (able add, edit, inactivate, and print from CHIRP)
- ☐-Inventory Lot Management (able to add, edit and inactivate vaccine inventory)
- ☐-Physician/Vaccinator Management (able to add, edit and inactivate vaccinators)

I understand that, as the Responsible Medical Officer, I still hold responsibility to assure that the User follows the CHIRP Non-Medical Individual User Agreement and Confidentiality Statement for Private Practice Providers. I further understand that I am assuming any and all liability for this User while accessing CHIRP under this Delegation of Authority.

I understand that this Delegation of Authority is ongoing and I will notify CHIRP in writing within five business days when the delegated individual is no longer employed by the office.

**Physician Name (*Printed*)** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_

**Physician License Number** \_\_\_\_\_

**Date (*month, day, year*)** \_\_\_\_\_

STATE OF INDIANA            )  
  ) SS:  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, a Notary Public in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[Seal]

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_ County of Residence: \_\_\_\_\_

## Confidentiality Policy

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. Provider Site Agreement

The Provider 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.