



Site Enrollment Agreement

To participate in the Louisiana Immunization Network (LINKS) System

LINKS is a computer based immunization information system operated by the Office of Public Health (OPH), Immunization Program of the Louisiana Department of Health (LDH). It is intended to aid health care providers with immunization information for patients, including tracking and recall. Patient or provider specific information is confidential and is only available to the authorized users of the system. A Site who reports information in good faith and who abides by the terms of this agreement is not liable for reporting the immunization information to LDH for use in LINKS. The immunization records of all persons in Louisiana may be shared with all Sites that care for a patient

LINKS is developed under the authority of the following provisions of the Louisiana Revised Statutes as follows: R.S. 40:31.11-16

Name of Site: _____

If this site is a part of a larger organization already participating in LINKS, fill in the name below.

Organization # _____ **Name:** _____

Number of Clinic Sites in Organization: _____ **Type of site:** _____

Site Representative: _____

Title of the Site's Representative: _____

Street address: _____

City: _____ **Parish:** _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Fax:** (____) _____ **E-mail:** _____

List of vaccines given: _____

As a condition of participating in LINKS the above Site enters into this agreement with the LDH,OPH, and agrees to the following:

- ❖ To use LINKS only for the immunization needs of patients. The Site and its personnel will access the immunization information system only when needed to assure adequate immunization of a patient, to avoid unnecessary immunizations, to confirm compliance with mandatory immunization requirements, and to control disease outbreaks.
- ❖ All Site personnel that will use LINKS must be assigned User IDs and Passwords by the LINKS project, and must sign the LINKS "Individual User Agreement." The Site manager or designee is responsible for returning the User Agreement to the LINKS office. When an authorized user leaves this Site, the Site manager or designee must fax the Remove User form to the LINKS program office within 1 week of that employees last day of employment.
- ❖ If the Site and/or its personnel violate this agreement or use the system in an unauthorized manner, the LDH reserves the right to terminate access to the system.
- ❖ The Site shall adhere to the requirements in the "LINKS Confidentiality Policy." The Site agrees that it must safeguard its User IDs and Passwords against use other than allowed by this agreement.
- ❖ The Site understands that unauthorized disclosure of confidential information may result in legal penalties. The Site is responsible for the actions of its staff regarding the confidentiality of information contained in the immunization information system. The Site shall require each staff user to sign a LINKS "Individual User Agreement" and keep it on file.
- ❖ The participating Site shall cooperate with the LDH in notifying parents or guardians about the system.
- ❖ The Site agrees to furnish LINKS specified demographic and immunization information about patients receiving immunizations. The Site shall enter all information administered to LINKS within 48 hours after immunization administration.
- ❖ The Site authorizes the Office of Public Health to notify parents or guardians when immunizations are due through the utilization of the LINKS reminder/recall system to achieve and maintain high individual patient immunization rates, and high immunization practice rates, in accordance with the goals of the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices (ACIP) to the United States Public Health Service.
- ❖ The Site shall allow the parent or guardian to inspect, copy, and if necessary, amend or correct their own children's immunization records if he/she has verified information the information is incorrect. This corrected information shall be entered into LINKS or a local database and sent to LINKS.

Signing this form signifies agreement to be a participating Site and a LINKS authorized user. Please sign, keep a copy for yourself, and return the original to LINKS Program Consultant in your region as listed on the LINKS main web page.

Signature of Site Manager or Authorized Designee

Date

Signature of LDH-OPH LINKS Authorized Representative

Date

Signature of LDH-OPH LINKS Program Manager

Date