



Site Participation Checklist

This checklist summarizes the requirements to participate in the Louisiana Immunization Network (LINKS) System, which is fully described in the enclosed materials. By signing the enclosed forms and **initialing each item on this checklist**, I acknowledge that our office agrees to abide by all terms and conditions for participation.

1. _____ My site has adequate computer hardware that can access the Internet.
2. _____ We have browser software (Firefox, IE 11 or higher, Google Chrome)
3. _____ We acknowledge that LINKS contains confidential medical information to be used only for the ongoing care of the patient. We will take the same steps to protect this data as we do with all medical records, and will hold staff to the same standard.
4. _____ Access to LINKS is available for staff on a need-to-know basis and is controlled through log-ins and passwords administered by the Office of Public Health (OPH). The Administrator of our site will notify OPH when staff that had access to LINKS is terminated so their access can be removed.
5. _____ I acknowledge that use of LINKS for reasons unrelated to patient care will result in the loss of access to the system, and may result in civil penalties of up to a \$1,000 fine and 5 years incarceration.
6. _____ Our office will notify patients about our participation in LINKS by:
 - a.) Posting a notice provided by OPH in a prominent place notifying patients that immunization records are being shared with LINKS, and/or
 - b.) Making brochures provided by OPH available to parents.
7. _____ Our office will report all immunization data to LINKS on patients we immunize within 48 hours of administering. Entering verified historical data is very important to provide consistent and accurate patient data which is essential in patient care.

Signature: _____ Facility Name: _____ Date: _____