



Site Enrollment Agreement

To participate in the Louisiana Immunization Network (LINKS) System

LINKS is a computer based immunization information system operated by Louisiana Department of Health (LDH) Office of Public Health (OPH) Immunization Program. It is intended to aid health care professionals and other authorized personnel 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. 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

Louisiana Administrative Code (Title 51, Louisiana Sanitary Code, Chapter 7, §703) states that it is a requirement/mandatory that all licensed and credentialed immunization providers in Louisiana report all immunizations administered, regardless of patient age, and update patient demographics at each patient encounter to LINKS.

ALL FIELDS MUST BE COMPLETED FOR THIS AGREEMENT TO BE PROCESSED:

Name of Organization:		Organization # (if applicable)	
Facility Name:			
Address:			
City:		Zip Code:	
Parish:		Region #:	
Phone Number:		Fax Number:	
Site Representative Name and Title:			
Site Representative Email:			
Medicaid Provider? (Y/N)		VFC Provider? (Y/N)	
Administer Vaccines? (Y/N)		List Vaccines:	
Facility Type (Please choose one of the options below)			
<ul style="list-style-type: none"> • Birthing Hospital • Community Health Center – Public • Corrections Center-Private • Dentist <ul style="list-style-type: none"> • FQHC/Rural Health Private • Family Practice • Health Maintenance Organization-Private • Health Maintenance Organization-Public • Hospital-Private • Hospital-Public • Home Health Agency <ul style="list-style-type: none"> • Indian Health Service • Internal Medicine • Military • OB/GYN-Private • Nursing Home Center-Private • Other-Private • Pediatrics • Pharmacy Center-Private • WIC 			



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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 authorized 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, reporting, and to control disease outbreaks.
- ❖ All authorized personnel that will utilize LINKS must be assigned User IDs and Passwords by the LINKS administrators, and must sign the LINKS “Individual User Agreement.” The Site representative is responsible for returning the User Agreement to the Regional Immunization Supervisors and required to keep a copy on file.
- ❖ When an authorized user leaves this Site, the Site representative must notify the Regional Immunization Supervisor and return a completed Remove User form immediately.
- ❖ If the Site and/or its personnel violates this agreement or use the system in an unauthorized manner, LDH/OPH Immunization Program 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 agrees to provide LINKS with specified demographic and immunization information about patients receiving immunizations. The Site shall enter all information administered to LINKS within 48 hours after immunization administration, as recommended by LDH/OPH Immunization Program.
- ❖ 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.
- ❖ Signing this form signifies agreement to be a participating authorized Site. Please sign, keep a copy for yourself, and return the original to LINKS Regional Immunization Supervisor in your region as listed on the LINKS main web page.

Signature of Site Authorized Representative

Date



INDIVIDUAL USER AGREEMENT

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Please complete the following information for anyone in your practice who will need access to LINKS. Each individual must sign this form prior to receiving a User ID and Password. Complete and return this form with the Provider Enrollment Agreement. When an authorized user leaves this site, the site manager or designee must send the Remove User form to the LINKS Regional Consultant immediately after the employee's last day of employment.

By signing below, each user acknowledges the following:

- He/she has read and agrees to abide by the LINKS Confidentiality Policy.
- Information contained in LINKS is confidential and can only be used for those purposes outlined in the LINKS Confidentiality Policy.
- Each user is responsible for safeguarding his/her User ID and Password.
- User ID and/or Password must not be given to others.
- LINKS User IDs and Passwords must not be posted any place.
- Individual LINKS Passwords should be changed periodically to protect security.
- The computer should not be left unattended when a LINKS session is open.
- Always log off and close the browser when you are finished with a LINKS session.

ALL FIELDS MUST BE COMPLETED FOR THIS AGREEMENT TO BE PROCESSED

Name of Organization/Facility (add Organization # and/or Facility Pin if applicable):			
First Name:	Last Name:	Email:	
Previous LINKS access Y/N?	If yes, what was your previous facility?	Type of access? (Organization or Facility)	Title/Position:

All users are required to complete LINKS LMS Training, link to portal: <https://louisianalms.stchealth.us/>
After completion of your training, please submit certificate of completion with completed agreement form to your Regional Consultant (see homepage for a list).

Signature: _____ Date: _____