

**ImmuNet Enrollment Form**

Maryland's Immunization Information System (ImmuNet) is a secure web-based registry operated by the Center for Immunization at the Maryland Department of Health (MDH). ImmuNet information is confidential, HIPAA and FERPA compliant, and available only to authorized users, and will not be released to third parties without written consent.

If you are an authorized user and need ImmuNet access to search for a patient, place a vaccine order, or report vaccine administration information, please complete this form. Organizations with multiple locations need to register each site separately.

**Organization Information**

Organization Name					
Organization Address		City	State	Zip Code	
<b>Organization Type:</b>	<input type="checkbox"/> Corrections/ Detention Health Services	<input type="checkbox"/> Health Plan	<input type="checkbox"/> Home Health Care	<input type="checkbox"/> Hospital	<input type="checkbox"/> Urgent Care Center
<input type="checkbox"/> Health Center	<input type="radio"/> Community(non-FQHC/RHC)	<input type="radio"/> Migrant or Refugee	<input type="radio"/> Occupational	<input type="radio"/> STD/HIV Clinic	<input type="radio"/> Student
<input type="checkbox"/> Long-Term Care	<input type="radio"/> Nursing Home/Skilled Nursing Facility, Federally `Qualified	<input type="radio"/> Nursing Home/Skilled Nursing Facility, Non-Federally Qualified	<input type="radio"/> Assisted Living	<input type="radio"/> Intellectual or Developmental Disability	<input type="radio"/> Combination (ie. Assisted Living and Nursing Home in same facility)
<input type="checkbox"/> Pharmacy	<input type="radio"/> Chain	<input type="radio"/> Independent			
<input type="checkbox"/> Public Health Provider	<input type="radio"/> Public Health Clinic	<input type="radio"/> FQHC	<input type="radio"/> RHC		
<input type="checkbox"/> Other, please Specify					
<input type="checkbox"/> Child Care Facility	Childcare Facility or Home Health Agency	License Number (if applicable)		License Expiration Date	
<input type="checkbox"/> Medical Practice	<u>Medical Specialty of Medical Practice (if applicable):</u> <input type="radio"/> Internal Medicine <input type="radio"/> Other, please specify	<input type="radio"/> Family	<input type="radio"/> OB/GYN	<input type="radio"/> General	<input type="radio"/> Pediatrics
<input type="checkbox"/> School	<u>School Type: (if applicable)</u>	<input type="checkbox"/> Preschool <input type="checkbox"/> High	<input type="checkbox"/> Kindergarten <input type="checkbox"/> College/University	<input type="checkbox"/> Elementary <input type="checkbox"/> Private	<input type="checkbox"/> Middle <input type="checkbox"/> Public
If you participate in the Vaccines for Children (VFC) program, list your PIN:					
<b>Reporting to ImmuNet</b>					
All providers who administer vaccines in Maryland are required to report to ImmuNet (as of October 1, 2019).					
Does your organization administer vaccines?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your organization reporting to ImmuNet?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Does your organization use an Electronic Health/Medical Record System (EHR/EMR)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If you are not already reporting to ImmuNet, please list your Electronic Health/Medical Record system:

If you participate in the CMS Meaningful Use/MIPS programs, did you register for Public Health Reporting?  
 Yes       No       N/A      Group NPI

Providers with EHRs should register at <http://phdataportal.health.maryland.gov> to get in the onboarding queue to report to ImmuNet (even if you do not participate in the CMS programs) and contact your vendor to set up reporting. Providers without EHRs or if you are not sure about your reporting status, learn more at [health.maryland.gov/Immunet](http://health.maryland.gov/Immunet)

**Information of user(s) who need ImmuNet access**

User Name and Title/Department

Phone Number

Email address

What type of ImmuNet access do you need? Select all applicable options:

- |   |  |
|---|--|
| <input type="checkbox"/> Look up Client/Patient/Student immunization history                                | <input type="checkbox"/> Report to ImmuNet – enter data manually |
| <input type="checkbox"/> Run queries and reports for my organization  | <input type="checkbox"/> Report to ImmuNet – from my EHR         |
| <input type="checkbox"/> Manage VFC Inventory and Ordering  | <input type="checkbox"/> Report to ImmuNet – upload CSV files    |
| <input type="checkbox"/> Manage the users in my organization (add new or delete user accounts) – Admin User |  |

Need to add more users? Contact your organization’s Admin User to add them. If your organization does not have an Admin User, add information of additional users below or on the back of the form →

If you are requesting Admin User access, add your backup Admin User below.

Backup Admin User or Other User Name and Title/Department

Phone Number

Email address

What type of ImmuNet access does this user need? Select all applicable options:

- |  |  |
|--|--|
| <input type="checkbox"/> Look up Client/Patient/Student immunization history | <input type="checkbox"/> Report to ImmuNet – enter data manually |
| <input type="checkbox"/> Run queries and reports for my organization         | <input type="checkbox"/> Report to ImmuNet – from my EHR         |
| <input type="checkbox"/> Manage VFC Inventory and Ordering                   | <input type="checkbox"/> Report to ImmuNet – upload CSV files    |

Note: Both your backup Admin User and you can add other users in ImmuNet.

If you need to manage accounts at multiple sites, please list the Number of Sites: \_\_\_\_\_

If less than 10 sites, **each site should be registered separately.**

If more than 10 sites, you can send or upload the list of sites (include org name, address, phone, type. etc.)

*If you wish to keep a completed copy of your form, please make a copy before submitting the form.*

Date Completed \_\_\_\_\_

**Mail or Fax to:** Maryland Department of Health, Center for Immunization – ImmuNet, 201 West Preston Street 3<sup>rd</sup> Floor, Baltimore, MD 21201, Fax: (410) 333-5893

Once received, your request will be processed as quickly as possible. You should expect to receive your login credentials within 3-5 business days.

**MDH (For Official Use Only):**      Date Received \_\_\_\_\_      Date Fulfilled: \_\_\_\_\_      Initials: \_\_\_\_\_