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 Type:
☐ College ☐ Childcare Facility ☐ FQHC ☐ Health Plan ☐ Hospital ☐ Local Health Department
☐ Pharmacy ☐ Private Practice ☐ School ☐ Urgent Care Center ☐ Other, please specify:_________

Hospital Specialty (if applicable): ☐ General ☐ Emergency ☐ Pediatrics ☐ Birthing

Medical Specialty of FQHC, Private Practice or Urgent Care Center (if applicable):
☐ Family ☐ General ☐ Internal Medicine ☐ OB/GYN ☐ Pediatrics ☐ Other, please specify: ____________

School Type (if applicable): ☐ Preschool ☐ Kindergarten ☐ Elementary ☐ Middle ☐ High
☐ Private ☐ Public

________________________________________________________________________________________
Childcare Facility or Home Health Agency License Number (if applicable) License Expiration Date

________________________________________________________________________________________
Organization Address City State Zip Code

If you participate in the Vaccines For Children (VFC) program, list your PIN: ____________________________

Reporting to ImmuNet

All providers who administer vaccines in Maryland are required to report to ImmuNet (as of October 1, 2019).

Does your organization administer vaccines? ☐Yes ☐No
Is your organization reporting to ImmuNet? ☐Yes ☐No ☐Unsure
Does your organization use an Electronic Health/Medical Record System (EHR/EMR)? ☐Yes ☐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

Revised 10/28/2019
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:

☐ Look up Client/Patient/Student immunization history  ☐ Report to ImmuNet – enter data manually
☐ Run queries and reports for my organization  ☐ Report to ImmuNet – upload CSV files
☐ Manage VFC Inventory and Ordering
☐ 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:

☐ Look up Client/Patient/Student immunization history  ☐ Report to ImmuNet – enter data manually
☐ Run queries and reports for my organization  ☐ Report to ImmuNet – upload CSV files
☐ Manage VFC Inventory and Ordering
☐ Manage the users in my organization (add new or delete user accounts) – Admin User

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.)

Date completed: __________________________

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

Mail or Fax to

Maryland Department of Health
Center for Immunization - ImmuNet
201 West Preston Street 3rd 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: ____________