ImmTrac2 Site Renewal Guide

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Texas Immunization Registry

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The ImmTrac2 Site Renewal Process

To begin the ImmTrac2 Site Renewal process, go to the HHS Enterprise Portal and sign in: https://hhsportal.hhs.state.tx.us/iam/portal/Home/portalHome/. Enter your username and password, then select the "Sign In" button. See *Figure 1: HHS Enterprise Portal*.
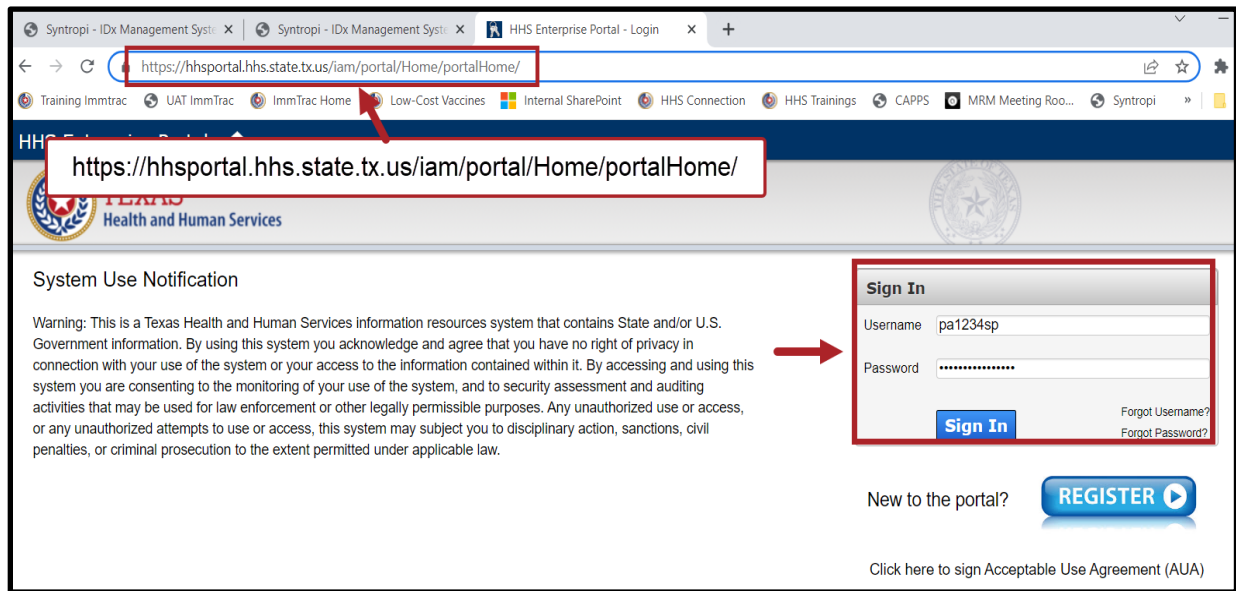
Figure 1: HHS Enterprise Portal

If you have forgotten your password or can't remember your username, there are links to help on the HHS Enterprise Portal Sign In (see *Figure 2: Forgot Username – Forgot Password*).
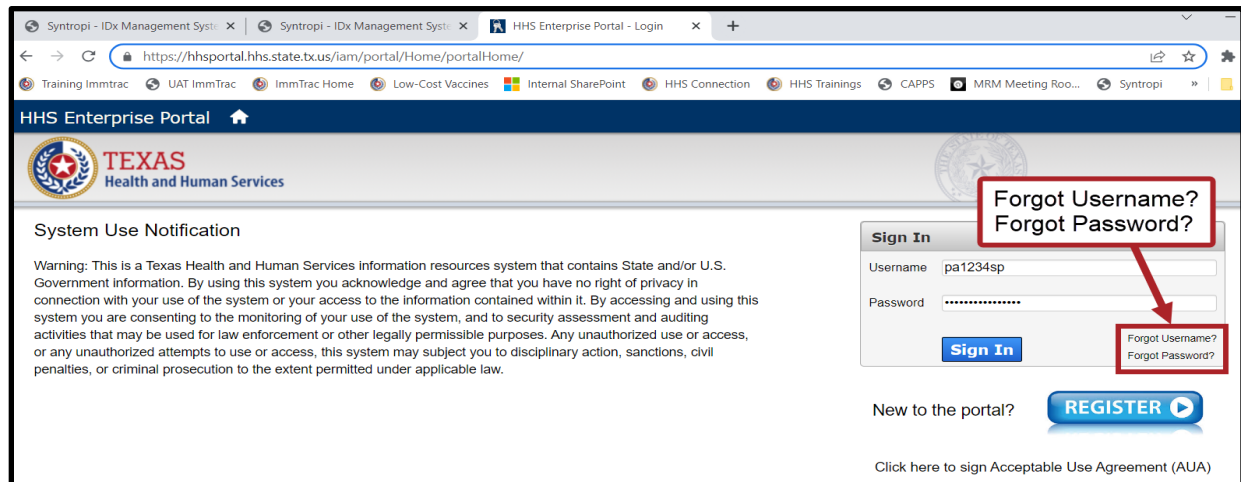
Figure 2: Forgot Username – Forgot Password

When the list of Applications comes up, select "Syntropi – CRC". See *Figure 3: Syntropi – CRC Link.* You may need to use the scroll bar on the right side of the Applications window to bring up the "Syntropi – CRC" link if you have multiple applications listed.
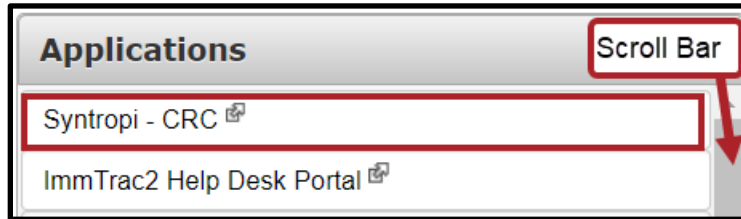

Figure 3: Syntropi - CRC Link

If you have multiple sites you are associated with, you will see a list of those sites. Select the site you want to modify or review. See *Figure 4: Access Authorized Provider Sites/Groups*.
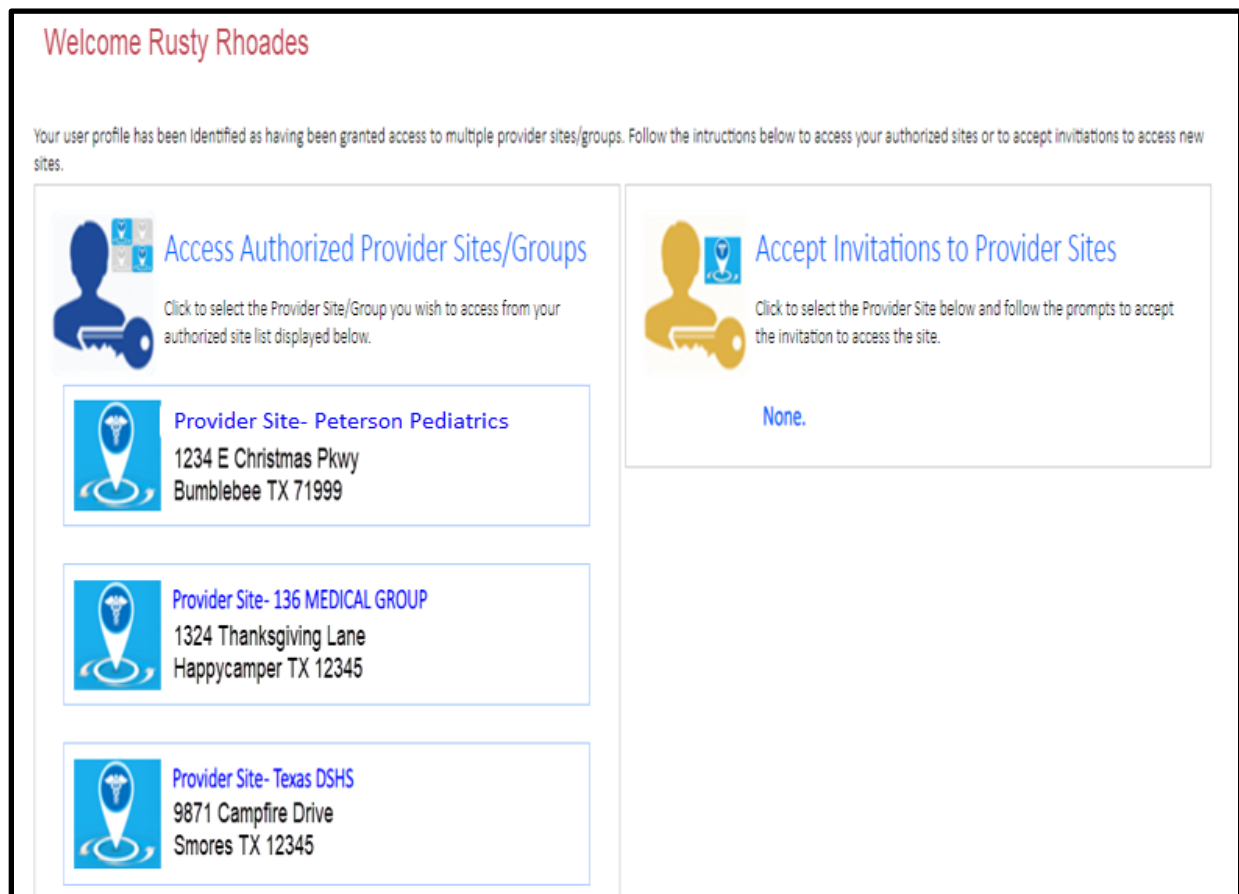
Figure 4: Access Authorized Provider Sites/Groups

Next, select the area under the "Renew" label to begin the site renewal (see *Figure 5: Renewal Choices*). This list is made of actions that require a site renewal:

- Submit an organization name change,
- Submit a change of address,
- Designate a new Responsible Medical Professional (RMP),
- Designate a new Point of Contact (POC), or
- Designate a new Primary Registry Contact (PRC).

In the **top section** you can view the ImmTrac2 Org Code and the six-digit TVFC/ASN PIN. In the **left column** you can select "View Archived Agreements" and see any previous site agreements that were approved and archived.

Figure 5: Renewal Choices
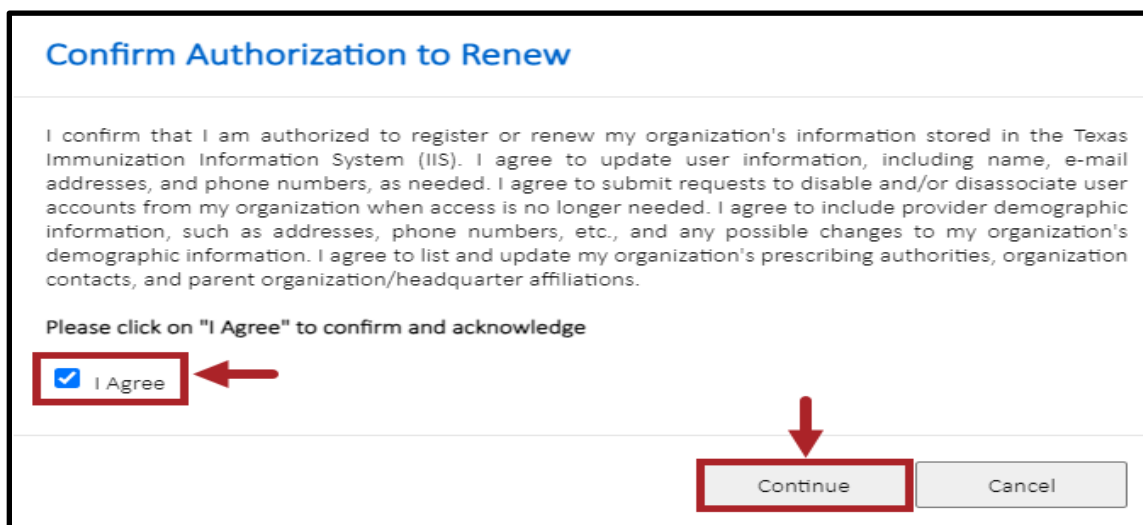
If you click below the word "Renew" in the left column, you will start the renewal and be asked to confirm that you have the authorization to renew your organization by clicking the "Checkbox" and clicking the "Continue" button. See *Figure 6: Confirm Authorization to Renew*.

Renewals should be done by the:
- Point of contact (POC),
- Primary Registry Contact (PRC), or the
- Responsible Medical Professional (RMP).

If they are no longer at the organization, any active user can renew the site agreement if authorized by their organization to do so.

Figure 6: Confirm Authorization to Renew

The Authorization text states:

- I confirm that I am authorized to register or renew my organization's information stored in the Texas Immunization Information System (IIS).

- I agree to update user information, including name, e-mail addresses, and phone numbers, as needed.

- I agree to submit requests to disable and/or disassociate user accounts from my organization when access is no longer needed.

- I agree to include provider demographic information, such as addresses, phone numbers, etc., and any possible changes to my organization's demographic information.

- I agree to list and update my organization's prescribing authorities, organization contacts, and parent organization/headquarter affiliations.
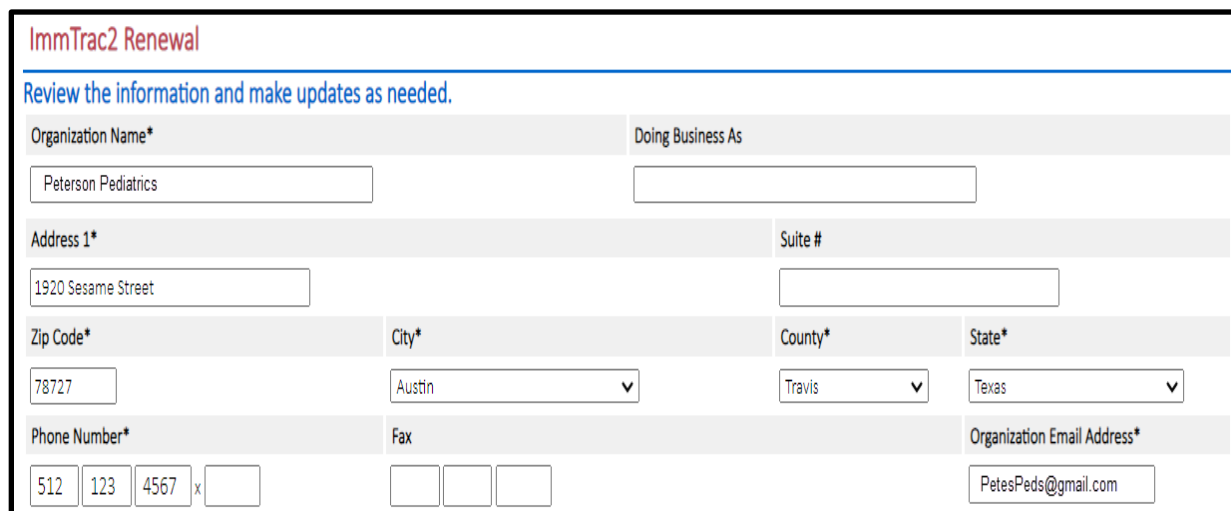
If you agree with the statements, select the "I Agree" box and then select the "Continue" button.

Step 1A. Organization Information

Reminder: Fields with asterisks (*) are required.

See *Figure 7: Organization Information.*

Figure 7: Organization Information

Fields related to the organization include:

1. Organization Name * (The actual name the organization does business as.)

2. Doing Business As *(Alternate Clinic Name) (optional) An alternate name for the organization.*

3. Address 1 * (Physical address)

4. Suite # (optional) (Suite number, building number, unit number, office name, etc)

5. Zip Code * (standard five-digit zip code)

6. City * (physical city that the organization is located in)

7. County * (physical county that the organization is located in)

8. State * (physical state that the organization is located in)

9. Phone Number * (standard ten-digit phone number)

10. Fax (optional) (standard ten-digit fax number)

11. Organization Email Address * (the MAIN email address for the site you are renewing)

Mailing Address Question

> *Is the Mailing Address for this organization the same as the facility's Physical Address displayed above?   ● Yes ○ No

Figure 8: Mailing Address Question

See *Figure 8: Mailing Address Question*. *Is the mailing address for this organization the same as the facility's physical address displayed above? Yes or No?

Multi-Site Organization Questions

> *Does another organization act as a part of the Parent Organization for the organization you are enrolling?   ● Yes ○ No
>
> *Enter the Parent TX IIS ID: [   ]

Figure 9: Parent Organization Questions

See *Figure 9: Parent Organization Questions*.
* Does another organization act as a part of the Parent Organization for the organization you are enrolling? Yes or No?
* Enter the Parent TX IIS ID. This is the Texas Immunization Information System ID.

Select **YES** if:

- Your parent organization is currently registered in ImmTrac2

- You know the TX IIS ID for the parent organization

Select **NO** if:

- You are part of a larger multi-site organization, but the parent site is NOT registered in ImmTrac2.

Examples of Organization Relationships

For examples of a **parent/child organization** relationship, see:

- *Figure 10: Parent/Child Organization,*

- *Figure 11: Example of a School Parent/Child Organization, and*

- *Figure 12: Example of a Hospital Parent/Child Organization.*

*For examples of a **stand-alone site**, see:*

- *Figure 13: Stand-Alone Site, and*

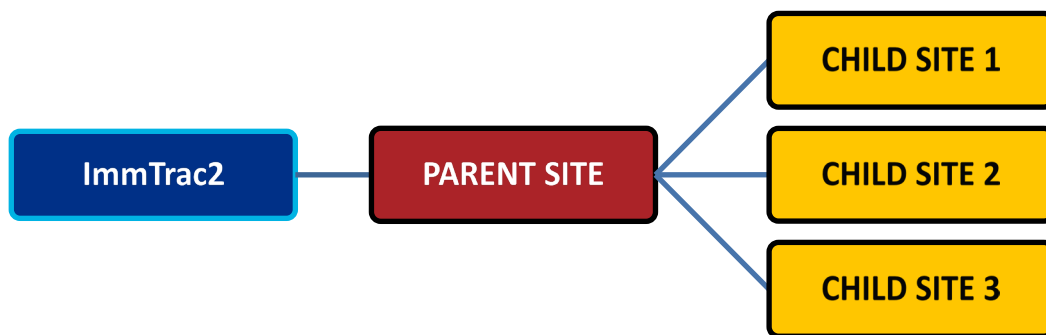- *Figure 14: Example of a Stand-Alone Site*

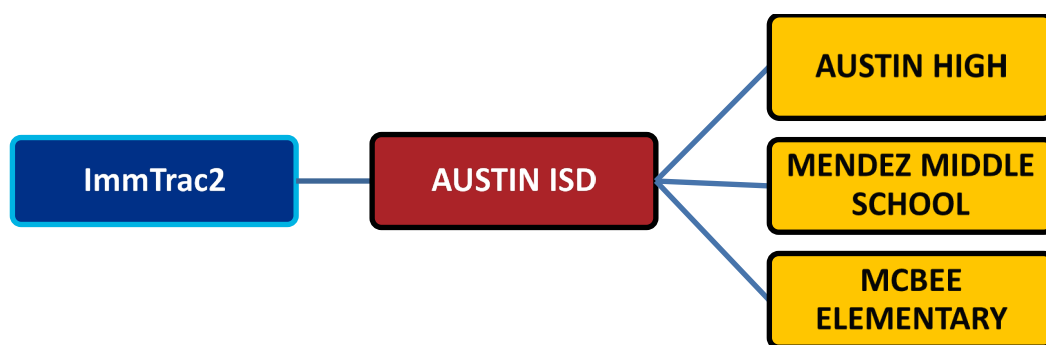*Figure 10: Parent/Child Organization*

*Figure 11: Example of a **School** Parent/Child Organization*
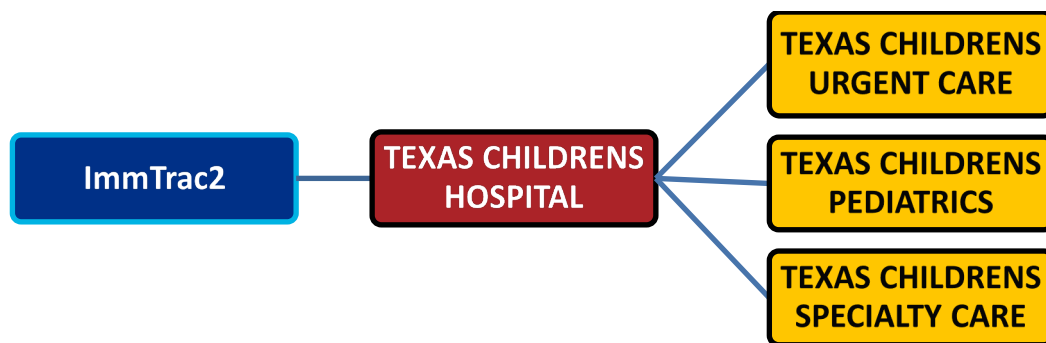

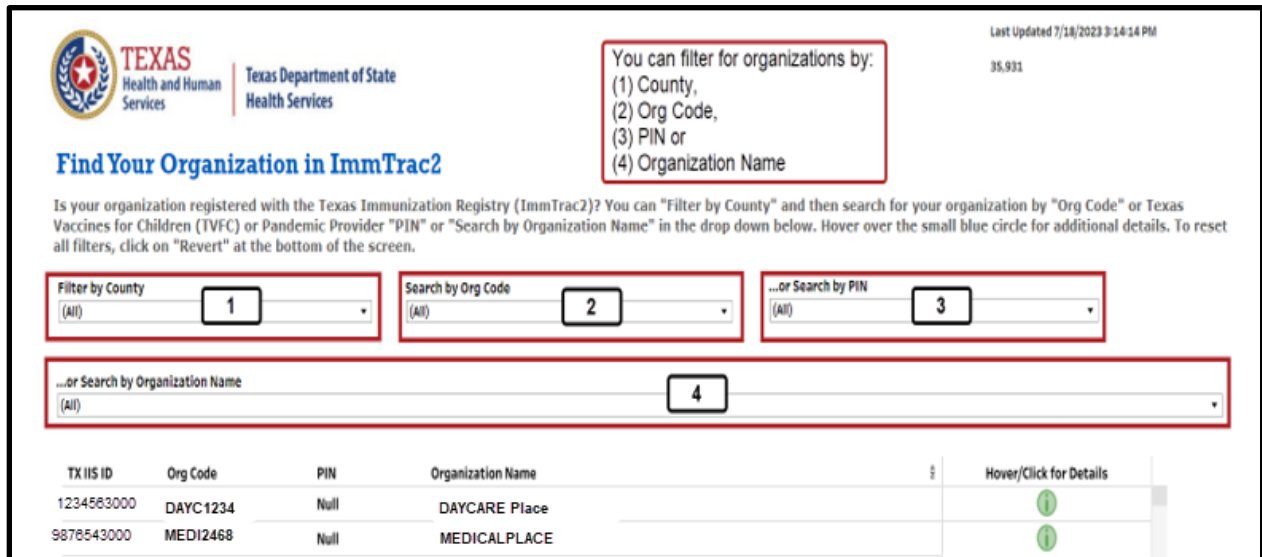*Figure 12: Example of a **Hospital** Parent/Child Organization*

Figure 13: Stand-Alone Site

Figure 14: Example of a Stand-Alone Site

If you have a parent organization but do not know the Texas Immunization Information System ID (TX IIS ID) for the parent site or your own site, then you can use the link below to look up the TX IIS ID number of those organizations (see *Figure 15: Find Your Organization in ImmTrac2*). You can filter for organizations by county, org code, PIN, or organization name using the link below.

https://tabexternal.dshs.texas.gov/t/THD/views/PROVIDER_LOOKUP/Dashboard1?:origin=card_share_link&:embed=y&:isGuestRedirectFromVizportal=y

Figure 15: Find Your Organization in ImmTrac2

Below is an example of searching for organizations having "Austin ISD" in the name of the organization (see *Figure 16: Example of Searching by Organization Name for AUSTIN ISD*).

Find Your Organization in ImmTrac2

Is your organization registered with the Texas Immunization Registry (ImmTrac2)? You can "Filter by County" and then search for your organization by "Org Code" or Texas Vaccines for Children (TVFC) or Pandemic Provider "PIN" or "Search by Organization Name" in the drop down below. Hover over the small blue circle for additional details. To reset all filters, click on "Revert" at the bottom of the screen.

Filter by County
(All) ▼

Search by Org Code
(All) ▼

...or Search by PIN
(All) ▼

Search by Organization Name for "AUSTIN ISD"

...or Search by Organization Name
(All) ▼

AUSTIN ISD

- ☑ AKINS HS AUSTIN ISD
- ☑ ALLISON EL AUSTIN ISD
- ☑ ANDREWS EL AUSTIN ISD
- ☑ AUSTIN HIGH AUSTIN ISD
- ☑ AUSTIN ISD
- ☑ AUSTIN ISD ALTERNATIVE LEARNING CENTER
- ☑ BAILEY MIDDLE AUSTIN ISD
- ☑ BALDWIN EL AUSTIN ISD
- ☑ BARANOFF EL AUSTIN ISD
- ☑ BARRINGTON EL AUSTIN ISD

These are the Results Returned

Figure 16: Example of Searching by Organization Name for "AUSTIN ISD"

Step 1B. Clinical Information Questions

Reminder: Fields with asterisks (*) are required.

Type of Organization Question

Clinical Information

*Please select the type of organization you are enrolling.   Private Practice

Figure 17: Type of Organization

* Select the type of organization that most closely represents your organization type by using the drop-down box. See *Figure 17: Type of Organization*.
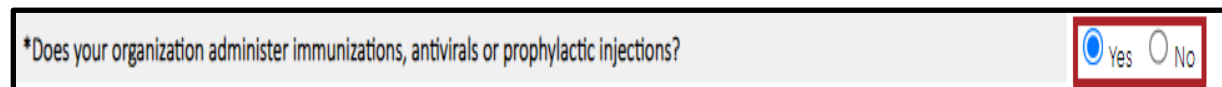
Authorized to Administer Immunizations Question

*Is this organization authorized to administer immunizations?   ● Yes ○ No

Figure 18: Authorized to Administer Immunizations Question

* Is this organization authorized by the State of Texas to administer immunizations? Yes or No? See *Figure 18: Authorized to Administer Immunizations Question*.
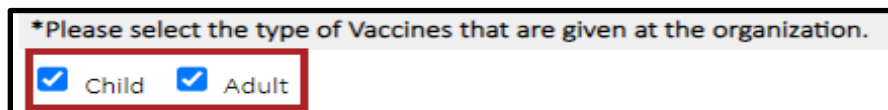
Administering Immunizations Question

*Does your organization administer immunizations, antivirals or prophylactic injections?   ● Yes ○ No

Figure 19: Administer Immunizations, Antivirals, or Prophylactic Injections Question

* Does your organization administer prescribed immunizations, antivirals, or prophylactic injections? Yes or No? See *Figure 19: Administer Immunizations, Antivirals, or Prophylactic Injections*.

Type of Vaccines Question

*Please select the type of Vaccines that are given at the organization.
☑ Child   ☑ Adult

Figure 20: Type of Vaccines Question

* Please select the type of Vaccines that are given at the organization:
Child or Adult. See *Figure 20: Type of Vaccines Question*.

TVFC Question

Figure 21: TVFC Question

* The TVFC Program serves financially vulnerable children from birth through 18 years of age. Would you like to be contacted with more information on the TVFC program? Yes or No? See *Figure 21: TVFC Question.*
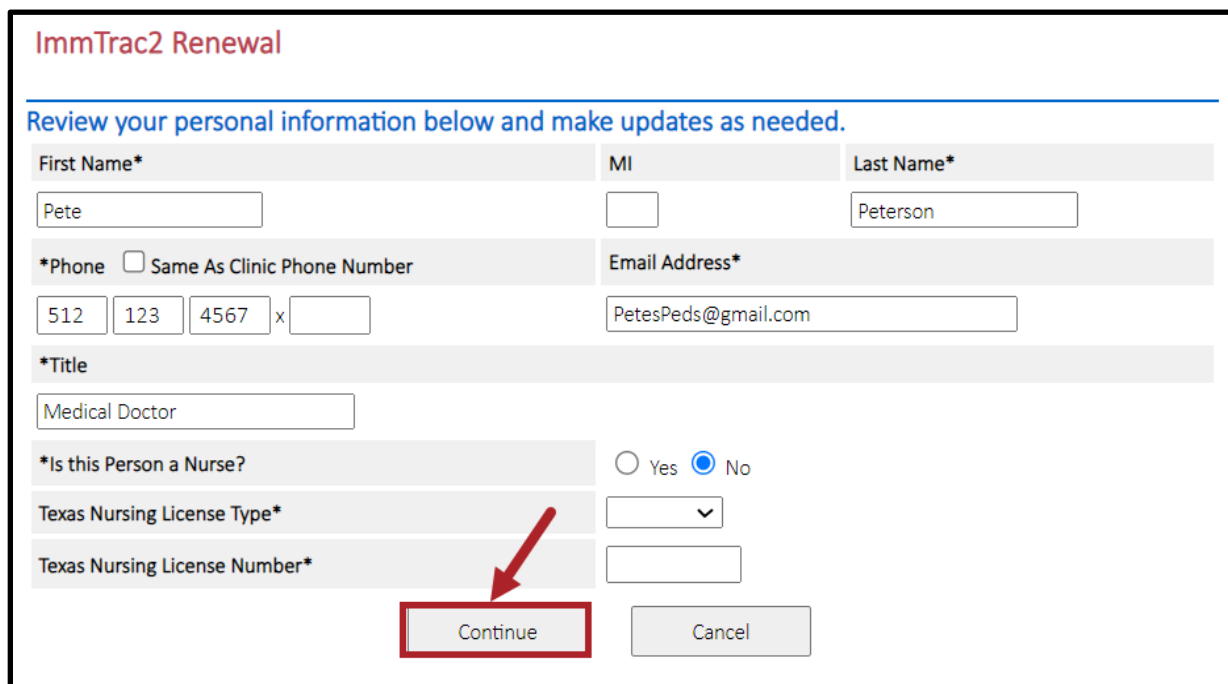
Continue

Figure 22: Continue Button

Select the Continue button to proceed. See *Figure 22: Continue Button*.

Step 2. Personal Information of Person Filling Out the Renewal

This screen shows the personal information of the person filling out the renewal (see *Figure 23: Personal Information*), such as the Point of Contact (POC), Primary Registry Contact (PRC), Responsible Medical Provider (RMP), etc.

Figure 23: Personal Information

Reminder: Fields with asterisks (*) are required.

Personal information fields to fill out include:

- First Name *

- MI (middle initial) (optional)

- Last Name *

- Phone Number*

- Email Address *

- Title *

- Is this person a Texas licensed nurse (LVN or RN)? Yes or No? *
  If no, click continue, if yes, complete the following fields and click continue.
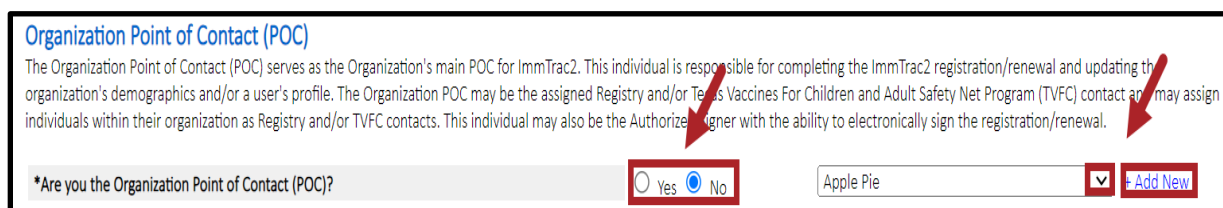 If yes, select your Texas nursing license type and enter your Texas nursing license number. *

Step 3. Organization Point of Contact (POC)
Reminder: Fields with asterisks (*) are required.

NOTE: This is the section where you can change and edit the POC. You cannot change the POC in Step 7 ImmTrac Users. Changing the POC is done here and the POC is a major point of contact.

Review the contacts for this location and make updates as needed. See *Figure 24: Organization Point of Contact*.
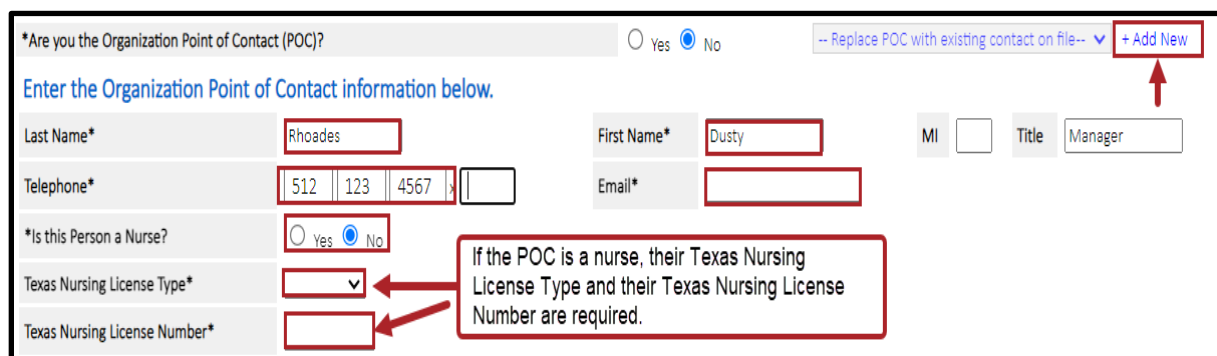

Figure 24: Organization Point of Contact (POC)

The Organization Point of Contact (POC) serves as the Organization's main POC for ImmTrac2. This individual is responsible for completing the ImmTrac2 registration/renewal and updating the organization's demographics and/or a user's profile. The Organization POC may be the assigned Registry and/or Texas Vaccines for Children and Adult Safety Net Program (TVFC) contact and may assign individuals within their organization as Registry and/or TVFC contacts. This individual may also be the Authorized Signer with the ability to electronically sign the registration/renewal.

Are you the Organization Point of Contact (POC)?

- If so, select **YES.**

- If not, select **NO**. You can then either select a name from the drop-down list or click "Add New" to enter a new Point of Contact's information (see *Figure 25: New Organization Point of Contact*).
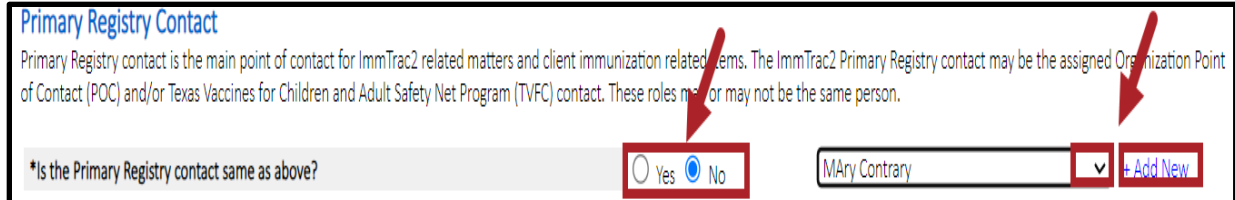

Figure 25: New Organization Point of Contact

If entering a new Point of Contact (POC), you must enter their last name, first name, telephone number, and if they are a nurse (if "yes", enter their Texas Nursing License Type and Number). **If they do not have a Texas Nurses License, it's not required, as shown in this example**. See previous *Figure 25: New Organization Point of Contact*.

Step 4. Primary Registry Contact

Reminder: Fields with asterisks (*) are required.

See *Figure 26: Primary Registry Contact*.

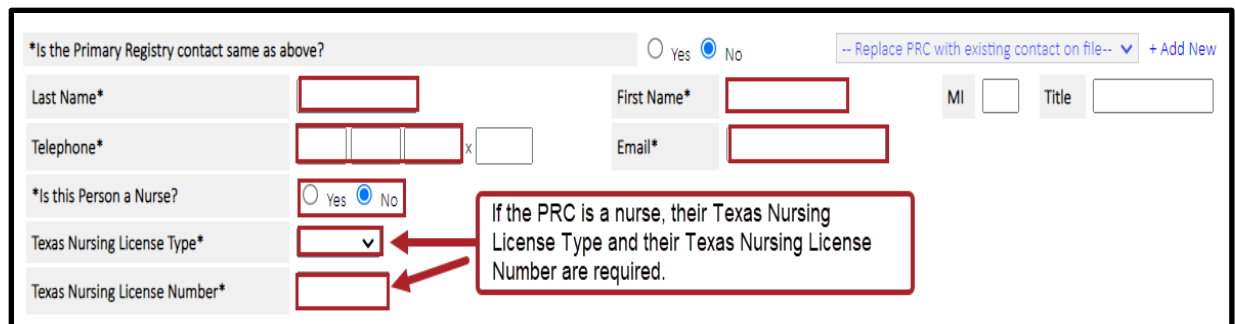*Figure 26: Primary Registry Contact*

NOTE: This is where you can change and edit the Primary Registry Contact (PRC). You cannot change the PRC in Step 7 ImmTrac Users. Changing the PRC is done here, and the PRC is a major point of contact.

The Primary Registry Contact is the main point of contact for ImmTrac2 related matters and client immunization related items. The ImmTrac2 Primary Registry contact may be the assigned Organization Point of Contact (POC) and/or Texas Vaccines for Children and Adult Safety Net Program (TVFC) contact. These roles may or may not be the same person.

Reminder: Fields with asterisks (*) are required.

Are you the Primary Registry Contact?

- If so, select **YES.**

- If not, select **NO**. Please include their name, title, and contact information. See *Figure 27: New Primary Registry Contact*.

- If entering a new Primary Registry Contact (PRC), you must enter their last name, first name, telephone number, and if they are a nurse (if "yes", enter their Texas Nursing License Type and Number). ***If they do not have a Texas Nurses License, it's not required, as shown in this example.***

Figure 27: New Primary Registry Contact (PRC)

Step 5. Responsible Medical Provider

Reminder: Fields with asterisks (*) are required.

See *Figure 28: Responsible Medical Provider*.

Figure 28: Responsible Medical Provider

NOTE: This is the section where you can change and edit the Responsible Medical Provider (RMP). You cannot change the RMP in Step 7 ImmTrac Users. Changing the RMP is done here and the RMP is a major point of contact.

Organizations MUST have a designated Chief Medical Officer or Senior Practicing Provider for the "Responsible Medical Provider" section. They must be a Texas licensed medical provider and/or a licensed prescribing authority for Organizations administering immunizations.

The format for license numbers are:

- **APRN** (Advanced Practice Registered Nurse) = Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It does not require "AP" at the beginning. For example: 1234567.

- **MD** (Medical Doctor) = one letter followed by four numbers. For example: N5678.

- **PA** (Physician's Assistant) = "PA" followed by up to seven numbers. For example: PA0012345. If less than seven numbers, put leading zeroes in front of the numbers.

- **NPI** (National Provider Identity Number) = Ten numbers. For example: 1234567891.

- **DO** (Doctor of Osteopathy) = one letter followed by four numbers. For example: O5678 starting with a letter, such as the letter "O" or "P" etc.

- **NP** (Nurse Practitioner) = Up to seven. If there are less than seven, add leading zeroes to the front of the number. It does not require "NP" at the beginning. For example: 1234567.

- **CNM** (Certified Nurse Midwife) = Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It is numeric as for example: 1234567.

- **CPM** (Certified Professional Midwife) = Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It is numeric as for example: 1234567.

- **PharmD** (Doctor of Pharmacy) = Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It is numeric as for example: 1234567.

- **RPh** (Registered Pharmacist) = Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It is numeric as for example: 1234567.

- **DPM** (Podiatrist) = Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It is numeric as for example: 1234567

Step 6. Manage Prescribing Providers

This section goes over how the gold star, blue gear, red "X", and "Add Provider" button function.

A gold star indicates the Responsible Medical Provider. You cannot change the Responsible Medical Provider here, that was in Step 5, but you can edit the existing Responsible Medical Provider in this step by selecting the gold star.

The gold star in the Edit column indicates this prescribing provider is the current Responsible Medical Provider (RMP). See *Figure 29: Gold Star*. In this example William Weeks is the current Responsible Medical Provider. After the site renewal is approved, you will see any changes to the RMP. Select the gold star to edit the RMP.

Figure 29: Gold Star

Reminder: Fields with asterisks (*) are required.

You can edit some of the information about the Responsible Medical Provider (see *Figure 30: Edit Responsible Medical Provider*), but you cannot change who the Responsible Medical Provider is in this step.

Figure 30: Edit Responsible Medical Provider

Note: You can edit the Title, Email, Phone, License Number, and Provider's NPI of the Responsible Medical Provider (RMP), but you cannot change **who** the RMP is on this screen. To change who the RMP is, go back to *Step 5: Responsible Medical Provider*.

Blue Gear

The blue gear indicates a prescribing provider (who is not the RMP) who can be edited in this section. Select the blue gear to edit that provider. See *Figure 31 Edit Prescribing Provider.*

Figure 31: Edit Prescribing Provider

The fields that you can edit include the Title, Email address, Phone, License Number, Confirmation of Email, and Provider's NPI. See *Figure 32: Edit Prescribing Provider*. Select the Update button when ready.

Figure 32: Edit Prescribing Provider

Red "X"

Select the Red "**X**" to make a Prescribing Provider inactive with this organization. (Inactive Prescribing Providers will not show up in any list.) See *Figure 33: Make a Prescribing Provider Inactive*.

Figure 33: Making a Prescribing Provider Inactive

After selecting the Red "X" to inactivate a Prescribing Provider, a message is displayed asking, "Are you sure you want to mark this Provider as Inactive. Select the OK button if you are sure (see *Figure 34: Mark this Provider as Inactive*).
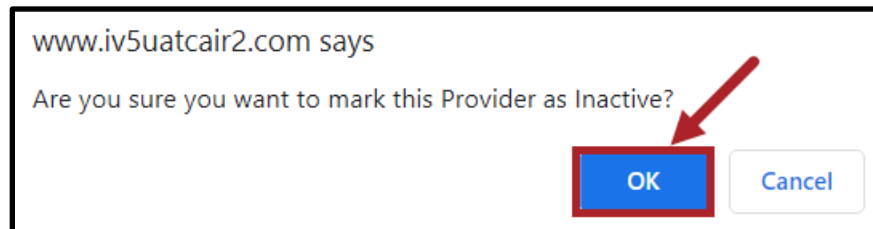
Figure 34: Mark This Provider as Inactive

Add New Provider

Select the Add Provider button (see *Figure 35: Add Provider Button*) to add new Prescribing Providers (see *Figure 36: Add New Provider*).

NOTE: The Upload Provider List button is a future enhancement.

Figure 35: Add Provider Button

Figure 36: Add New Provider

To add a new Provider, enter their last name, first name, title, email address, confirm their email address, phone number, license number, Provider's NPI number, then select the Add Provider button at the bottom of the Add New Provider screen.

Step 7. ImmTrac2 Users

Reminder: Fields with asterisks (*) are required.

The Review ImmTrac2 Users Table (see *Figure 37: Review ImmTrac2 Users Table*) allows you to:

- View all users in the organization,
- Identify functions of users such as the POC, PRC, or RMP,
- Add new users,
- Edit existing users, or
- Remove current users.

SPECIAL NOTES:

POC - The POC can be changed and edited in Step 3. Organization Point of Contact (POC), covered earlier but can only be edited in this screen. You will not see a blue gear (edit) for the POC in this screen.

PRC - The Primary Registry Contact (PRC) can be changed and edited in Step 4. Primary Registry Contact, covered earlier but can only be edited in this screen. You will not see a blue gear (edit) for the PRC in this screen.

RMP - The Responsible Medical Provider (RMP) can be changed and edited in Step 5. Responsible Medical Provider, covered earlier but can only be edited in this screen. You will not see a blue gear (edit) for the RMP in this screen; instead, you will see a gold star.

The name, email address, and phone number are listed for each user. To identify users who have specific roles listed in the title bar, look below in the table for a corresponding check mark to identify which user has that function. Definitions of each function are listed on the next page.

Figure 37: Review ImmTrac2 Users Table

Functions of Users in the Organization

- The **POC** is the Organization Point of Contact, who serves as the organization's main Point of Contact for ImmTrac2. This individual is responsible for completing the ImmTrac2 registration/renewal and updating the organization's demographics and/or a user's profile. The Organization POC may be the assigned Registry and/or Texas Vaccines for Children and Adult Safety Net Program (TVFC) contact and may assign individuals within their organization as Registry and/or TVFC contacts. This individual may also be the Authorized Signer with the ability to electronically sign the registration or renewal.

- The **PRC** is the Primary Registry Contact and is the main point of contact for ImmTrac2 related matters and client immunization related items. The ImmTrac2 Primary Registry contact may be the assigned Organization Point of Contact (POC) and/or Texas Vaccines for Children and Adult Safety Net Program (TVFC) contact. These roles may or may not be the same person.

- The **RMP** is the Responsible Medical Professional. Organizations MUST have a designated Chief Medical Officer or Senior Practicing Provider for the "Responsible Medical Provider" section. They must be a Texas licensed medical provider and/or a licensed prescribing authority for Organizations administering immunizations.

- The **Primary Vx Coordinator** is the Primary Vaccine Coordinator for TVFC. (TVFC is the Texas Vaccines for Children program)

- The **Backup Vx Coordinator** is the Backup Vaccine Coordinator for the TVFC program.

- The **TVFC/ASN Signatory** is the person responsible for the TVFC or ASN programs in this organization. (ASN is the Adult Safety Net program)

- The **Pandemic Signatory** is the contact for receiving Pandemic vaccines.

Add New Users

Only the POC, PRC, or RMP can add or edit users. To add ImmTrac2 users, select the Add New User button. See *Figure 38: Add New User*.
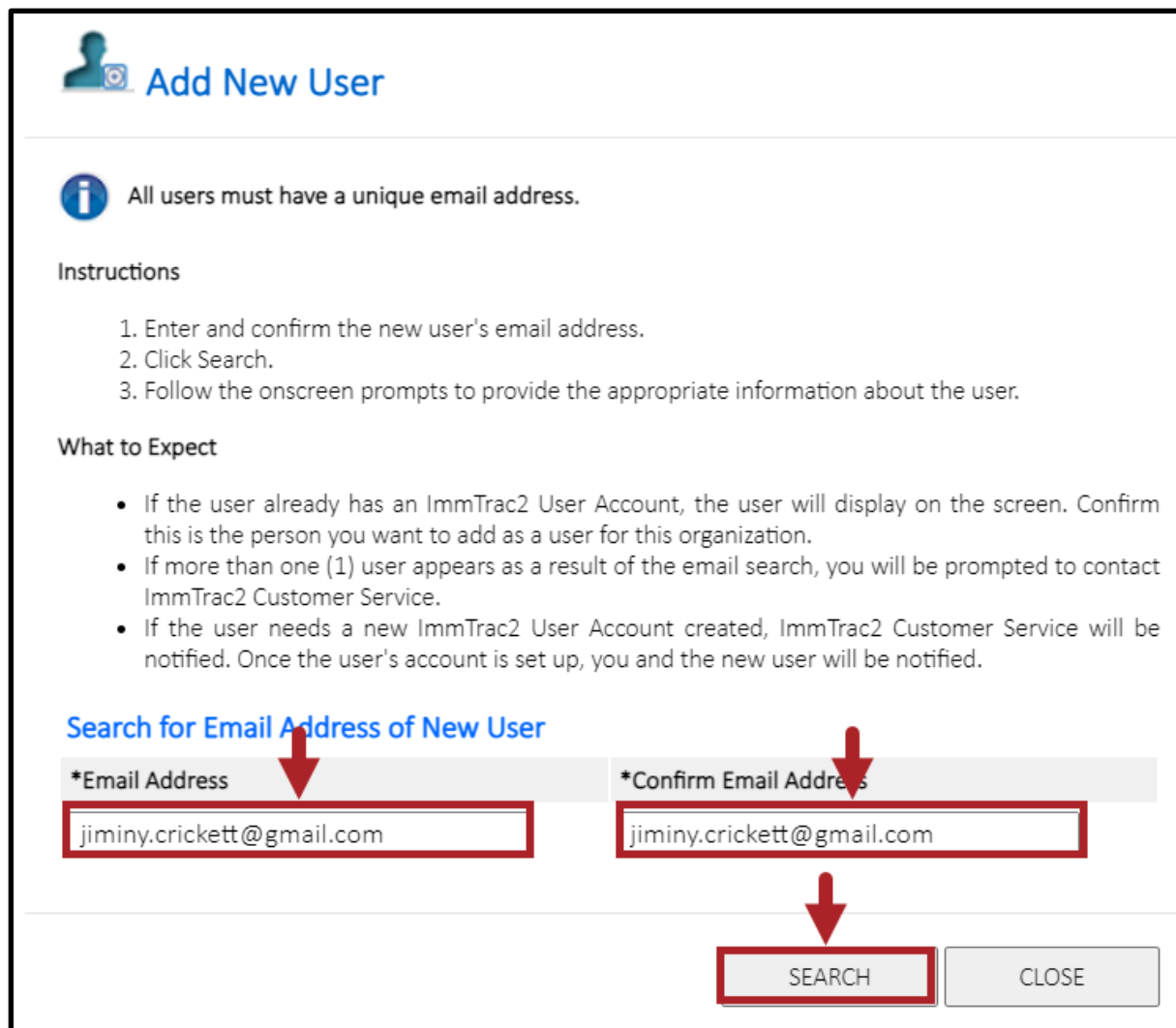

Figure 38: Add New User

Reminder: Fields with asterisks (*) are required.

After selecting the Add New User button, you will be asked to enter the unique email address. All users in ImmTrac2 must have a unique email address (Referenced in section two, line "M" of the signed Site Agreement). See *Figure 39: Enter Unique Email Address for New User*.

NOTE: Email addresses in ImmTrac2 must be unique.

See *Appendix B: Organization Agreement and Confidentiality Statement*, in which section 2, paragraph "M" states that organizations and individuals accessing ImmTrac2 agree to… provide unique e-mail addresses for each individual who is assigned an ImmTrac2 username.

Figure 39: Enter Unique Email Address for New User

If an existing email address and name matches the email address and name of an existing user, click Confirm to add that user. If the email address and name belong to someone else, click Cancel. See *Figure 40: Match was Found to Exist Email*.

NOTE: All email addresses must be unique to each user.

Figure 40: Match was Found to Exist for first name, last name, and Email.

The email address entered is already in use by another user. You will have to use a different email address for this user if you did not make a typo. The owner of the email address is listed at the bottom of the screen. See _Figure 41: Duplicate Contact Warning_.

Figure 41: Duplicate Contact Warning

If there is a problem with the email address such as a typo, you will receive this message (See _Figure 42: Issue with Email Address_. Double-check the email you are entering.

Figure 42: Issue with Email Address

If no matches were found on the email address in ImmTrac2, you must fill in details about the new user to continue and select Save. See *Figure 43: Add Details of New User*.

Figure 43: Add Details of New User

The user is added (see *Figure 44: New User Added*).

Figure 44: New User Added

Edit Existing Users

To edit an existing ImmTrac2 user, select the edit icon that looks like a blue gear in the edit column for the user that you want to edit. See *Figure 45: Edit Icon* and *Figure 46: Edit User*.

If you want to:

- Edit the Organization Point of Contact (POC), go back to
  Step 3 – Organization Point of Contact

- Edit the Primary Registry Contact (PRC), go back to
  Step 4 – Primary Registry Contact

- Edit the Responsible Medical Provider (RMP), go back to
  Step 5 – Responsible Medical Provider

If you want to edit a User and they are not listed earlier as a Point of Contact (POC), Primary Registry Contact (PRC), or Responsible Medical Provider (RMP), then you would edit them in this section as an existing user. To edit an existing user, click the blue gear icon (*see Figure 45: Edit Icon* and see *Figure 46: Edit User*).

Figure 45: Edit Icon

Figure 46: Edit User

Select the Edit (blue gear) icon of the user that you want to edit (see *Figure 47: Select Edit Icon of User*).

Figure 47: Select Edit Icon of User

Reminder: Fields with asterisks (*) are required.

Required fields to edit the user are the Issue Title, Issue Category (from a drop-down box of selections), Issue Description, and a box for Detailed Information. Select the "Submit" button when finished. See *Figure 48: Edit User Information*. Submitting this ticket creates a ticket for Customer Service.

Figure 48: Edit User Information

Remove (disassociate) Existing Users

To remove an ImmTrac2 user, select the "Remove" icon that looks like a red "**X**" in the far-right column for the user that you want to remove. See *Figure 49: Remove Icon* and *Figure 50: Remove Users*.

Figure 49: Remove Icon

Figure 50: Remove Users

Below is an example of selecting a red "X" to remove a user (see Figure 51: Select Red "X" to Remove User).

Figure 51: Select Red "X" to Remove User

Select the Continue button to remove the user. See *Figure 52: Select the Continue Button to Remove User*.

Figure 52: Select the Continue Button to Remove User

Step 8. Review of Information

A summary of the site renewal is displayed. Read through the entire summary to be sure that it is correct. See *Figure 53: Review of Site Renewal, Part 1* and *Figure 54: Review of Site Renewal, Part 2*. The summary will display:

- Your information,
- Organization information,
- Contacts, and
- Responsible Medical Professional.

You can print the summary of your renewal by selecting the Print button, or continue to file the renewal by selecting the Continue button (see *Figure 54: Review of Site Renewal, Part 2*).

ImmTrac2 Renewal

1. Review the information below for accuracy.
2. Click continue to either sign the ImmTrac2 Organization Agreement and Confidentiality Statement or send it to an Authorized Signer from your organization to sign.

Your Information

Name: Al Peterson

Texas DSHS Immunization Portal User Name: al2345pe

Email Address: Al@PaulsPeds.com

Phone Number: (512) 776-3000

Organization Information

Organization Name: 123 Google Way

ImmTrac2 Organization Code: GOOG0001

TVFC/ASN PIN: 123456

Facility Physical Address: 1234 Gryffindor Dr
Mission, TX 78572

Organization Phone Number: (512) 123-4567

Organization Fax Number:

Organization Email Address: PaulsPeds@gmail.com

Mailing Address: 1234 Gryffindor Dr
Mission, TX 78572

Figure 53: Review of Site Renewal, Part 1

Contacts

Organization Point of Contact (POC): Apple Pie

Email Address: Al@PaulsPeds.com

Phone Number: (512) 234-5678

Primary Registry Contact: MAry Q. Contrary

Email Address: Mary@PaulsPeds.com

Phone Number: (512) 234-5699

Responsible Medical Professional

Responsible Medical Professional Name: William Weeks

Email Address: David.dewgood@gmail.com

Phone Number: (512) 123-4567

Specialty: Internist

License Type: MD (Doctor of Medicine)

Texas Medical License: L1234

Individual NPI: 1234567895

Medicaid:
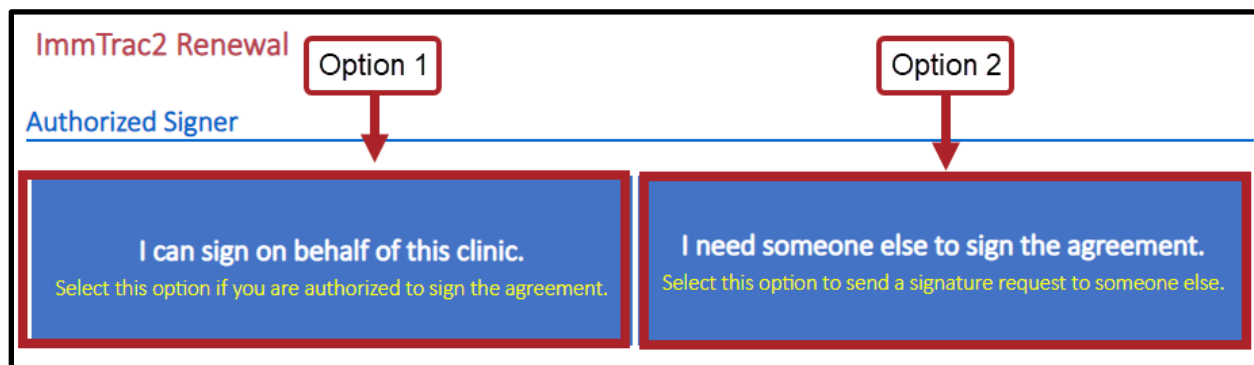
Print   Continue

Figure 54: Review of Site Renewal, Part 2
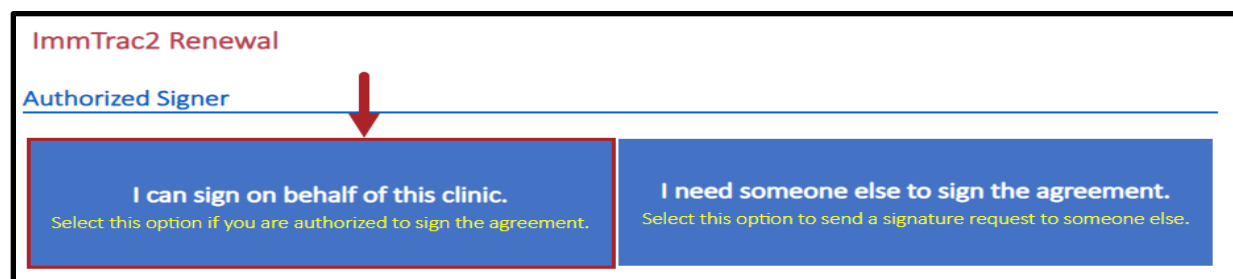
After reviewing the summary, you choose to either sign the renewal yourself or send it to someone else to sign. See *Figure 55: Sign or Send to Someone Else to Sign*.

Figure 55: Sign or Send to Someone Else to Sign
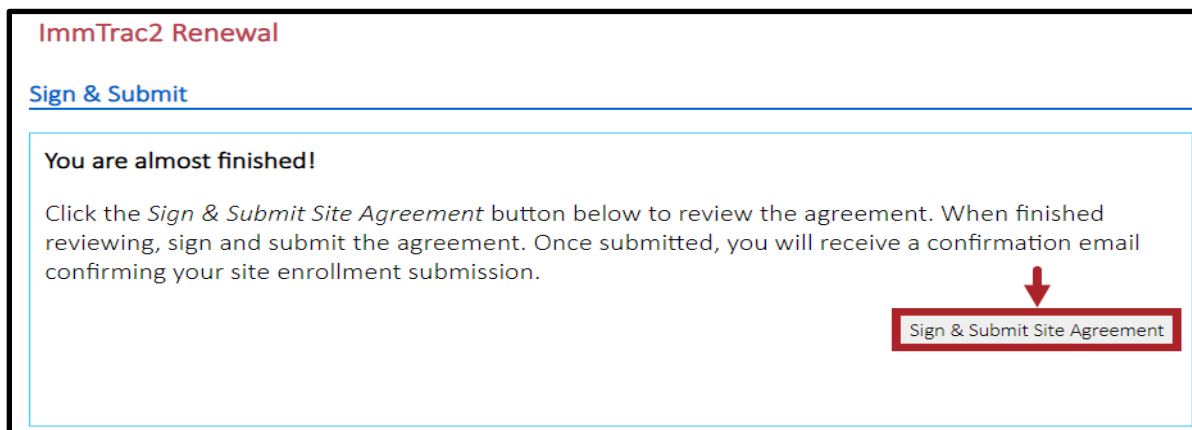
Option 1: You Can Sign on Behalf of This Clinic

If you choose to sign the agreement yourself, select the option on the left to sign on behalf of this clinic. See *Figure 56: You Can Sign*.

Figure 56: You Can Sign

Finally, select the Sign & Submit Site Agreement button (See *Figure 57: Sign and Submit*).

Figure 57: Sign and Submit

Organization Agreement and Confidentiality Statement

See Appendix B: Organization Agreement and Confidentiality Statement. Carefully read through the agreement, select the box at the bottom, and then select the submit and/or print button. See *Figure 58: Electronic Signature Agreement*.

Figure 58: Electronic Signature Agreement

When you select the checkbox that you have read and agree to comply with the Organization Agreement and Confidentiality Statement as presented in this section, another box will pop up. The box states, "By selecting the 'I Accept' button you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your mutual signature on this Agreement". See *Figure 59: Electronic Signature Agreement*. **NOTE: CLOSE WILL TAKE YOU BACK TO THE MAIN LANDING PAGE!**

Figure 59: Electronic Signature Agreement

You may select PRINT to print the Organization Agreement and Confidentiality Statement, then select the CLOSE button. See *Figure 60: Submit Electronic Signature.*

By Authorized Signer

Paul Stone Physician Assistant
(512) 123-4567
paul.stone@geemail.com

☑ I have read and agree to comply with the Organization Agreement and Confidentiality Statement as presented in this section.
Signed electronically by: PAUL STONE   DATE: 08 09 2023

PRINT   CLOSE

Figure 60: Submit Electronic Signature

Congratulations! The ImmTrac2 Registration has been successfully submitted! Please allow up to 14 business days, Monday through Friday, for processing.

Texas Immunization Registry

Option 2: You Need Someone Else to Sign on Behalf of This Clinic

If you need someone else to sign the site agreement, select the option on the right side. See *Figure 61: I Need Someone Else to Sign the Agreement*.

Reminder: Fields with asterisks (*) are required.

You have two choices:

- You can select the first bullet "I want to send the Agreement to the Responsible Medical Professional for signature", or

- You can select the second bullet "I want to send it to someone else".

Figure 61: I Need Someone Else to Sign the Agreement

If you selected to send the site agreement to the Responsible Medical Professional to sign, check that the correct Responsible Medical Provider is listed and select the "Send for Signature" button. See *Figure 62: Send Agreement to Responsible Medical Professional*.

Figure 62: Send Agreement to Responsible Medical Professional

If you want to send the site agreement to someone other than the Responsible Medical Professional to sign, select the second bullet for that choice, "I want to send it to someone else". See *Figure 63: Send Agreement to Someone Not the Responsible Medical Professional*.

Next, you have two choices:

- Use the pick-list box to select from existing users in the organization who you want the agreement sent to, OR

- Select the "Add New" link to add someone new that is not on the pick-list and select the Send for Signature button. See *Figure 63: Send Agreement to Someone Not the Responsible Medical Professional*.

Reminder: Fields with asterisks (*) are required.

Figure 63: Send Agreement to Someone Not the Responsible Medical Professional

The authorized signer will receive the email below. To access the ImmTrac2 agreement, they need to click the hyperlink and copy the unique signature code included in the email. See *Figure 64: Email Requesting Action by Authorized Signer*.
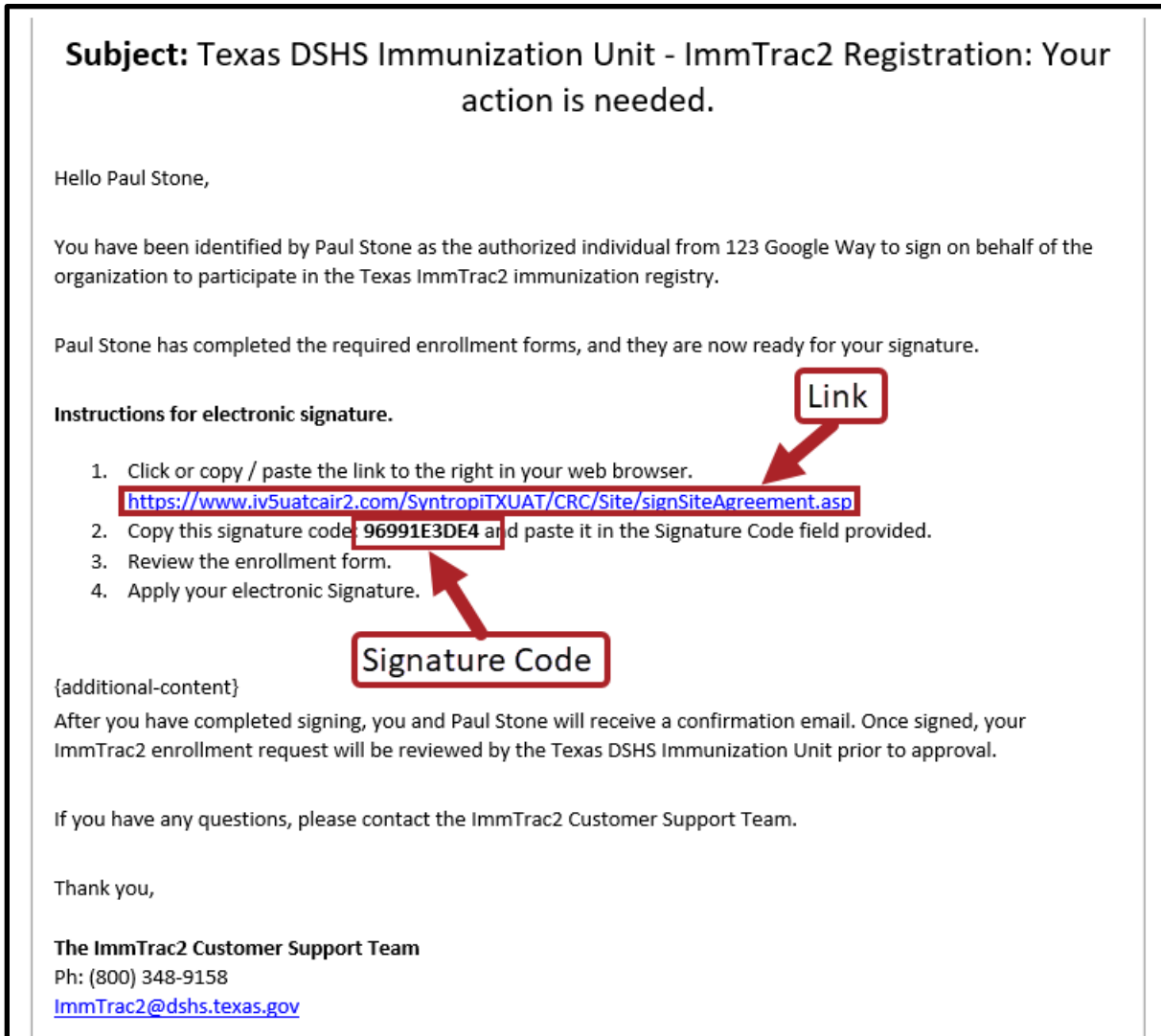
Figure 64: Email Requesting Action by Authorized Signer

After clicking the link in the email, enter the signature code, select the "Validate Code" button and select "Continue". See *Figure 65: Electronic Signature Portal*.
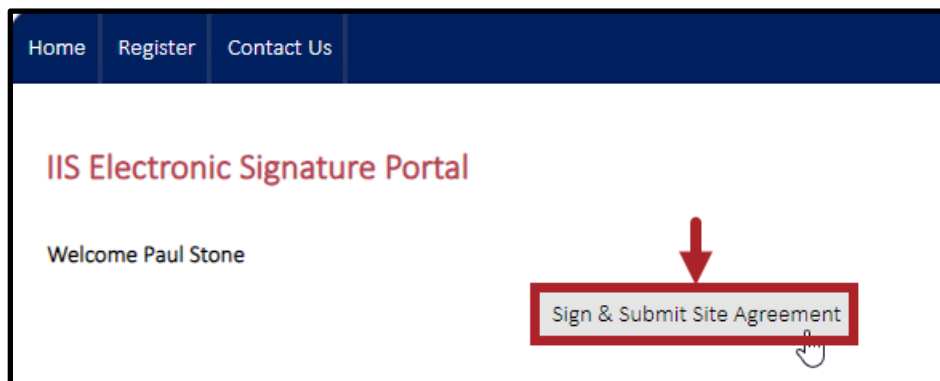
Figure 65: Electronic Signature Portal

Then select the "Sign & Submit Site Agreement" button. See *Figure 66: Sign and Submit Site Agreement*.

Figure 66: Sign and Submit Site Agreement

You have the option of reading and printing the summary of your ImmTrac2 Site Registration. See *Figure 67: Summary of ImmTrac2 Site Registration.*

PRINT

ImmTrac2 Registration
Texas Immunization Registry

TEXAS Health and Human Services | Texas Department of State Health Services

Submission Type: Renewal   Submission Date: 08/09/2023

Organization Information

Organization Name: 123 Google Way		DBA:	
ImmTrac2 Org Code: GOOG0001	TX IIS ID: 1234567890	TVFC/ASN PIN: 123456	
Parent Org:	Parent TX IIS ID:	Medical Group:	

Facility's Physical Address

Address 1: 1920 E Griffin Pkwy		Suite: 451	
City: Mission	County: Hidalgo	State: TX	Zip Code: 78572
Telephone: (512) 123-4567	Fax:	Org Email: PaulsPeds@gmail.com	

Facility's Mailing Address

Mailing Address 1: 1234 Gryffindor		Suite: 451	P.O. Box:
City: Mission	County: Hidalgo	State: TX	Zip Code: 78572

Clinical Information

Organization Type: Private Practice		DFPS Lic.:	TDI #:
Is this organization authorized to administer immunizations?		Yes	
Does this organization administer immunization or prophylactic injections?		Yes	
Type of vaccines given at this organization:		✔ Child ✔ Adult	

Organization Contacts- Point of Contact (POC)

First Name:	Apple
M.:	t
Last Name:	Pie
Phone:	512 345-6789
Email Address:	PaulsPeds@geemail.com
Texas Nurse License:	123456

Primary Registry Contact (PRC)

First Name:	MAry
M.:	Q
Last Name:	Contrary
Phone:	512 345-6789
Email Address:	PaulsPeds@geemail.com
Texas Nurse License:	246578

Responsible Medical Professional (RMP)

First Name:	Claudia	License Type:	DVM (Veterinary Medical Examiners)
M.:		Texas Medical License:	012345
Last Name:	Farmer	Providers NPI:	
Phone:	(512 345-6789	Medicaid #:	
Email Address:	CFarmer@geemail.com	Specialty:	Other

Figure 67: Summary of ImmTrac2 Site Registration

Sign & Submit Site Agreement

On the next page, select **Sign & Submit Site Agreement**. See *Figure 68: Sign & Submit Site Agreement*.
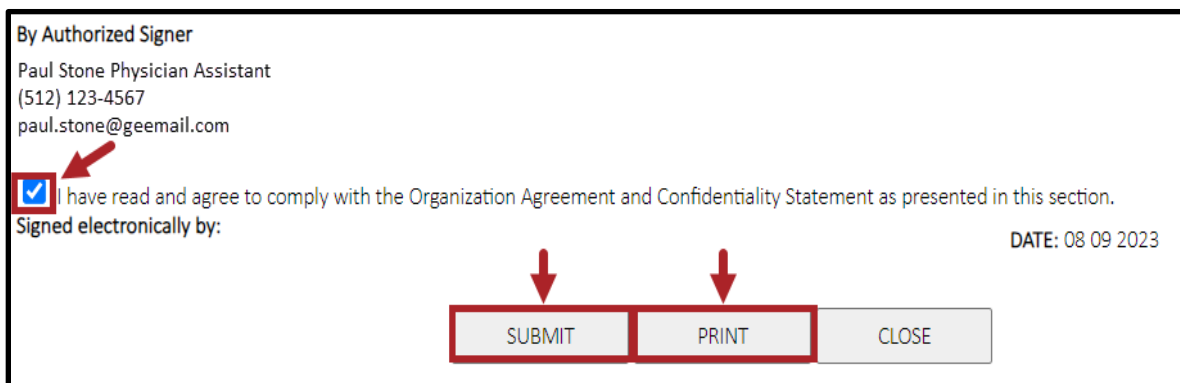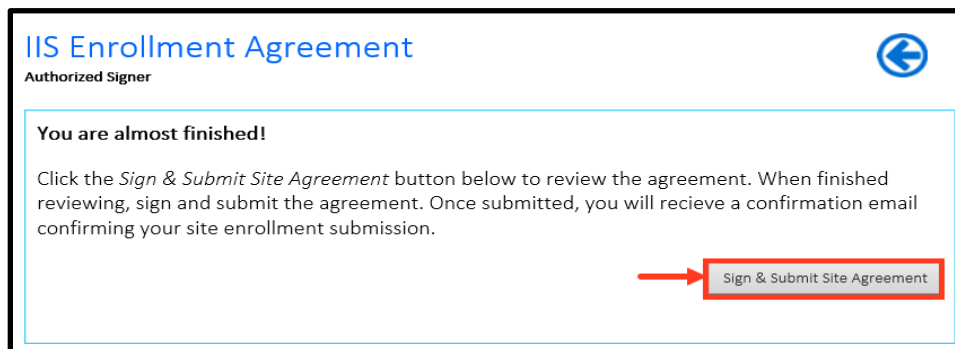

Figure 68: Sign & Submit Site Agreement

Organization Agreement and Confidentiality Statement

See [Appendix B: Organization Agreement and Confidentiality Statement](#). Carefully read through the agreement and if you agree, select the small checkbox. You may select PRINT to print the Organization Agreement and Confidentiality Statement, and then select the SUBMIT button. See *Figure 69: Electronic Signature Agreement***.**
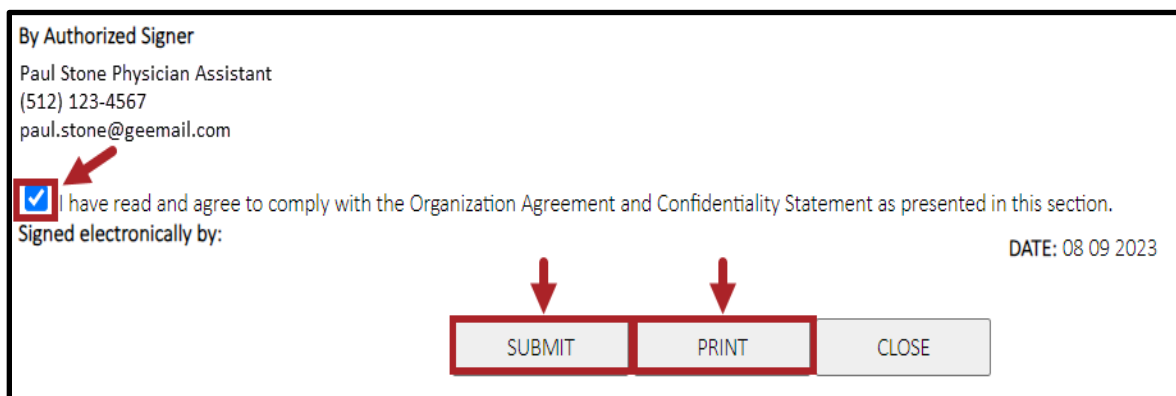
Figure 69: Electronic Signature Agreement

When you select the checkbox that you have read and agree to comply with the Organization Agreement and Confidentiality Statement as presented in this section, another box will pop up. The box states, "By selecting the 'I Accept' button you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your mutual signature on this Agreement". See *Figure 70: Electronic Signature Agreement*. **NOTE: CANCEL WILL TAKE YOU BACK TO THE MAIN LANDING PAGE!**

Figure 70: Electronic Signature Agreement

Congratulations! The ImmTrac2 Registration has been successfully submitted! Please allow up to 14 business days for processing.

Appendix A: Trouble Shooting

Which Browser Can Be Used?

Our recommended browser is Google Chrome. See *Figure 71: Chrome Icon*.

Edge can work as a backup browser. We no longer support Internet Explorer.

Figure 71: Chrome Icon

When is a Site Renewal Needed?

A **site renewal** is needed if:

- The two-year site agreement is about to expire or has expired.
- If the name of the organization and if staff are changing.
- The Point of Contact (POC) or Primary Registry Contact (PRC) has changed. Requests for a POC / PRC change should be planned by the organization to not cause an interruption in service. To update an organization POC / PRC, the organization's site agreement must be renewed.
- You may add or remove users from the organization.
- Your Responsible Medical Provider (RMP) needs to be updated.
- You may update other Texas prescribing providers.

A new **site registration** must be completed if:

- An organization is registering for the first time.
- The physical address changes to a different city.
- If the name and staff are the only thing changing, then they can complete a site renewal to update the facility name as well as updating or adding new users.

Site agreement registrations and renewals can take up to 14 business days (Monday through Friday) to process.

Registry staff will review the forms and process them <u>in the order they are received</u>.

Who Can File a Site Renewal?

- The Point of Contact (POC), Primary Registry Contact (PRC), and the Responsible Medical Professional (RMP) should be the only ones to file a site renewal **_unless_** they are no longer at this facility

- If the POC, PRC, and RMP are not there, it can be filed by anyone that has access to ImmTrac2, any staff member within the organization that is **_Active_**. Any ImmTrac2 user can log in if they have access to the organization and can begin the renewal process.

- During the renewal process, the user can update the POC, PRC, RMP and amend any other information before submitting for processing.

Appendix B: Organization Agreement and Confidentiality Statement

This agreement and confidentiality statement is by and between the Texas Department of State Health Services (DSHS, hereinafter) and made and entered into on Date 09/26/2020 concerning the access and use of ImmTrac2.

1. **DSHS agrees to**:
   A. **Provide**:
   - Secure access to ImmTrac2 for compatible computers at registered organizations.
   - Training and support to authorized organization staff on using ImmTrac2, including periodic briefing sessions as needed.
   - Customer support for assistance with questions and technical support for ImmTrac2 information resources-specific issues
   - [Customer Support: Monday through Friday (except state holidays) from 8:00am to 4:30pm CST by e-mailing ImmTrac2@dshs.texas.gov or calling (800) 348-9158].

   B. **Maintain**:
   - Registry data for: (a) participants from birth to age 18 years old, (b) first responders, (c) first responder immediate family members 18 years of age and older, (d) participants age 18 years and older, (e) persons entered in preparation for or in response to a declared public health emergency or disaster related event (information is retained for 5 years after the event has been declared over unless consent to further retain information permanently is obtained) - all consistent with Texas Health & Safety Code Chapter 161.
   - Registry information privacy in accordance with state and federal law, and DSHS policy.

   C. **Adhere to DSHS ImmTrac2 security and customer support access policies and procedures as follows**:
   - Assign each individual user a unique username. ImmTrac2 support staff members will remind organizations that usernames for ImmTrac2 web access cannot be shared.
   - Disable new user accounts which are not used within 30 days of creation.
   - Delete new user accounts which are not used within 120 days of creation.
   - Auto-lock accounts with previous activity which are inactive for more than 90 days.

- ImmTrac2 will handle all out-of-state access requests on a case by case basis. Out-of-state providers and schools must be actively providing service to Texas clients. The number of Texas clients that a provider or school services, and Texas medical professional licenses for the providers at issue, will also be taken into consideration in the agency's decision-making process regarding access and/or release of client data. By signing this agreement, an out-of-state provider affirmatively agrees to be bound by Texas law, and stipulated to Travis County, Texas as the venue for any legal proceedings stemming from the provider's ImmTrac2 usage. All ImmTrac2 users are also subject to federal privacy laws.

2. **Organizations/individuals accessing ImmTrac2 agree to**:
   A. Access information in ImmTrac2 only for purposes allowed by Texas Health & Safety Code Sec. 161.008(d) and DSHS Rule 100.5(e). At no time should records be accessed in ImmTrac2 for any other purpose. Violation of these restrictions are a Class A misdemeanor under Texas Health & Safety Code Section 161.009. DSHS Rule 100.5(e)(2) allows access for these entities, subject to the stated limitations:
      i. a Texas public health district or a Texas local health department, for public health purposes within their areas of jurisdiction;
      ii. a physician or any health care provider licensed (or otherwise legally authorized) to administer vaccines in Texas, for treating the child as a patient;
      iii. a Texas school or Texas child-care facility, for a child enrolled in that school or child care facility;
      iv. a payor currently authorized by the Texas Department of Insurance to operate in Texas, for immunization records related to the specific person in Texas covered under the payor's policy; and/or
      v. a state agency having legal custody of a child.
   B. Offer all parents, managing conservators or legal guardians for children, who receive immunizations at the Organization, the opportunity to consent to enter the child's immunization information into ImmTrac2, if the child does not already participate in ImmTrac2. Affirm consent was granted to DSHS, according to the procedures specified by DSHS. Print, sign and release to the parent, legal guardian or managing conservator, the immunization history report of a child, less than 18 years of age, when requested.
   C. Offer all first responders and first responder immediate family members 18 years of age and older, who receive immunizations at the Organization, the opportunity to request to enter their immunization information into ImmTrac2, if the person does not already participate in ImmTrac2. Affirm consent was granted to DSHS, according to the procedures specified by DSHS. Print, sign and release to the first responder

and first responder immediate family members 18 years of age and older, their immunization history report when requested.

D. Offer all adults, age 18 years and older, who receive immunizations at the Organization, the opportunity to request to enter their immunization information into ImmTrac2, if the person does not already participate in ImmTrac2. Affirm consent was granted to DSHS, according to the procedures specified by DSHS. Print, sign and release to the adults, age 18 years and older, their immunization history report when requested.

E. With the appropriate consent and affirmation of consent within ImmTrac2, enter the person's present and future immunization data into ImmTrac2.

F. Instruct Organization personnel on the confidentiality of information in ImmTrac2 (see Texas Health & Safety Code Sec's 161.0073 and 161.009, found at http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.161.htm as well as DSHS Rule 100.2, found at http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=100&rl=Y.

G. Ensure ImmTrac2 or any immunization information is not used in a punitive manner (e.g. to deny services or track immigration status) or to solicit new patients or clients.

H. Acknowledge that loss of user privileges will occur if abuse of ImmTrac2 data is suspected by DSHS.

I. For the purpose of assuring the quality and accuracy of the data submitted by the organization to ImmTrac2, allow DSHS to compare the organizations immunization records to children whose names appear in ImmTrac2 and are linked to a provider(s) at the organization.

J. Assume responsibility for all organizational usage of ImmTrac2. If an organization or an individual user is deemed a security risk, the offending account(s) in that organization may be administratively locked. DSHS reserves the right to permanently disallow any known high-risk individual access into ImmTrac2.

K. Disallow usage of ImmTrac2 for anything other than its intended purpose. No authority is allowed to conduct research using ImmTrac2 data.

L. Designate an 'Organization Contact' and a 'Authorized Signer' who is a licensed medical provider that is authorized to sign the ImmTrac2 Organization Agreement and Confidentiality Statement for organizations that administer immunizations. Organizations that do not administer immunizations and are authorized by Texas law to access ImmTrac2 are required to list the highest immunization record reviewing authority within the organization as the authorized signer.

M. Provide unique e-mail addresses for each individual who is assigned an ImmTrac2 username.

N. Participate in ImmTrac2 training when required, applicable and appropriate. Special privilege users not part of Texas DSHS, specifically users with Provider Supervisor Roles at registered organizations are required to take the "Provider Supervisor Role" training on a yearly basis, or possibly sooner depending on date of enrollment.

3. **Confidentiality Statement**

A. I agree to provide copies of this confidentiality statement to all organization staff accessing ImmTrac2 for their review, and direct them to ImmTrac2 online training materials located within the Texas Vaccine Education Online - Immunization Branch website: http://www.vaccineeducationonline.org/login/index.php and also the ImmTrac2 Instruction Manual located in the help section within the ImmTrac2 web application. Registered organizations are required to have their organization's listed authorized users to review the ImmTrac2 training materials at least every two years.

B. I agree to be held responsible for my organization's user information recorded within ImmTrac2 and will report high-risk users associated within my organization directly to ImmTrac2 Customer Support.

C. I agree to update user changes including name, e-mail addresses and phone number changes. I acknowledge users can be associated with more than one organization, and Texas DSHS requires that high risk users be reported by Organization Contacts directly to ImmTrac2 Customer Support so that the offending user account can be locked and/or disabled/disassociated from all organizations associated with that username.

D. I agree to comply with ImmTrac2's confidentiality restrictions. ImmTrac2 data is confidential by law. Information must be used only for the purpose it is collected, consistent with state and federal law. Unauthorized use and/or disclosure of this data is prohibited (see Texas Health & Safety Code Sec. 161.0073 and DSHS regulations at 25 TAC Sec. 100). Texas law makes unauthorized use and/or release a criminal act (see Texas Health & Safety Code Sec. 161.009), including negligently using information in the immunization registry to solicit new patients or clients.

E. I acknowledge that any unauthorized disclosure of Registry information will result in my losing the ability to access ImmTrac2.

F. I agree to protect the ImmTrac2 username and password from unauthorized users.

G. I verify that I am an authorized ImmTrac2 Registry user and will only use the ImmTrac2 username assigned by DSHS.

H. I have read and agree to the terms on this ImmTrac2 Organization Agreement and Confidentiality Statement.

Authorized Signer

      * Select one

   I am not the Authorized Signer

        Note: Selecting this option confirms that you are not an Authorized Signer and unable to sign for this Organization. Clicking the Submit for Signature button below will send a request for signature by the Authorized Signer identified in this form.

   I am the Authorized Signer

Appendix C: Contact Information

ImmTrac2 Site Registrations or Renewals

Email: ImmTrac2@dshs.texas.gov

ATTN: REG / REN" in the Subject Line to route it to the Registrations and Renewals team.
Phone: 800-348-9158, option 4

ImmTrac2 InterOperability (Data Exchange)

Email: ImmTracMU@dshs.texas.gov
Phone: 800-348-9158, option 3

Texas Vaccines for Children (TVFC)

Email: VacCallCenter@dshs.texas.gov
Phone: 800-252-9152

Vaccine Allocation & Ordering System (VAOS)

Email: Covid19VacMgmt@dshs.texas.gov
Phone: 833-832-7068