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Health Services

***Texas Immunization Registry***

# **ImmTrac2 Site Renewal Guide**



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## ***Texas Immunization Registry***

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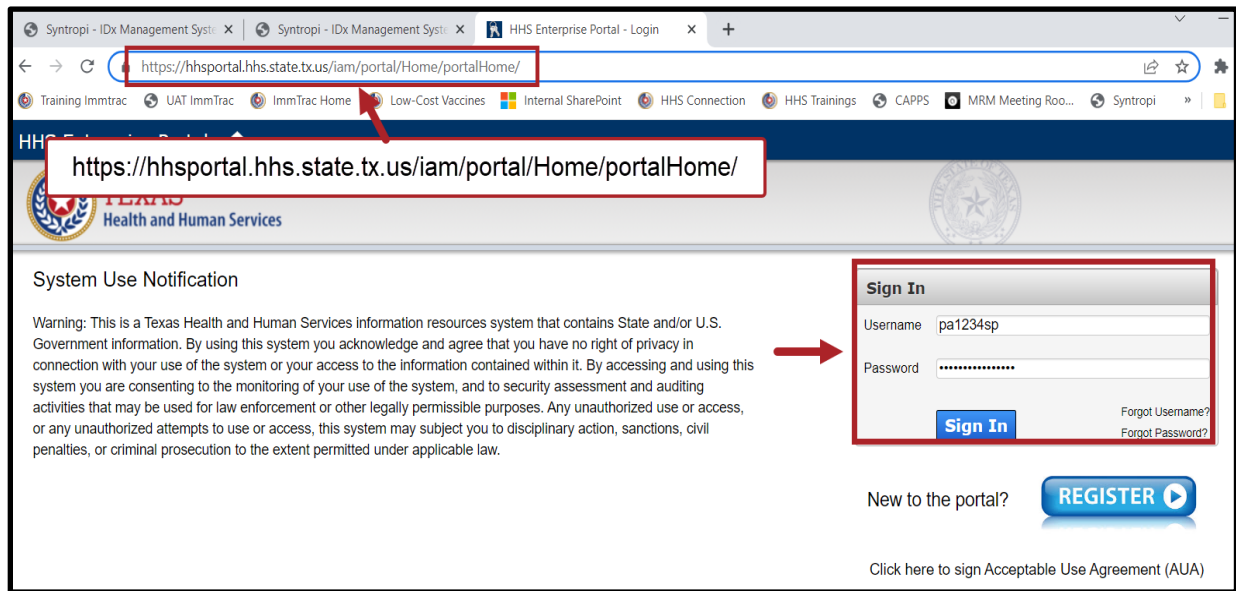
Texas Department of State  
Health Services

## ***Texas Immunization Registry***

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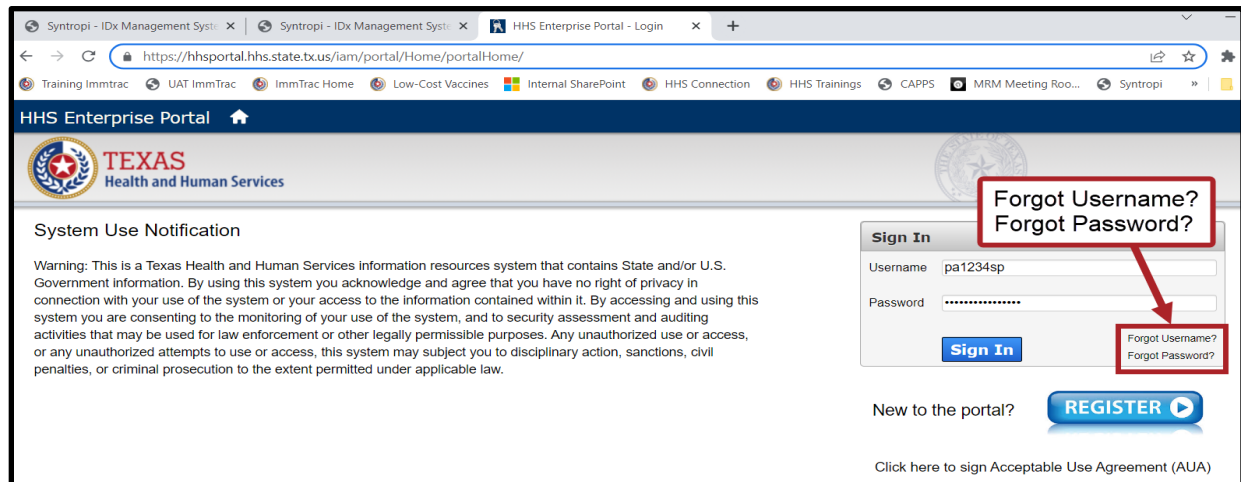
## The ImmTrac2 Site Renewal Process

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*

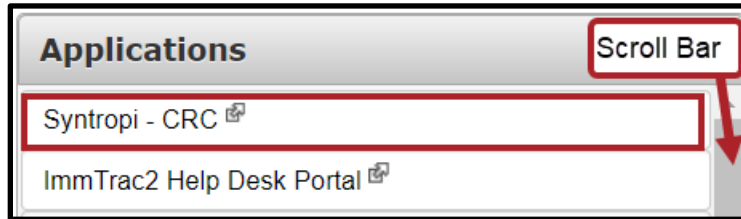
If you have forgotten your password or can't remember your username, there are links to help on the HHS Enterprise Portal Sign In (see *Figure 2: Forgot Username – Forgot Password*).



*Figure 2: Forgot Username – Forgot Password*

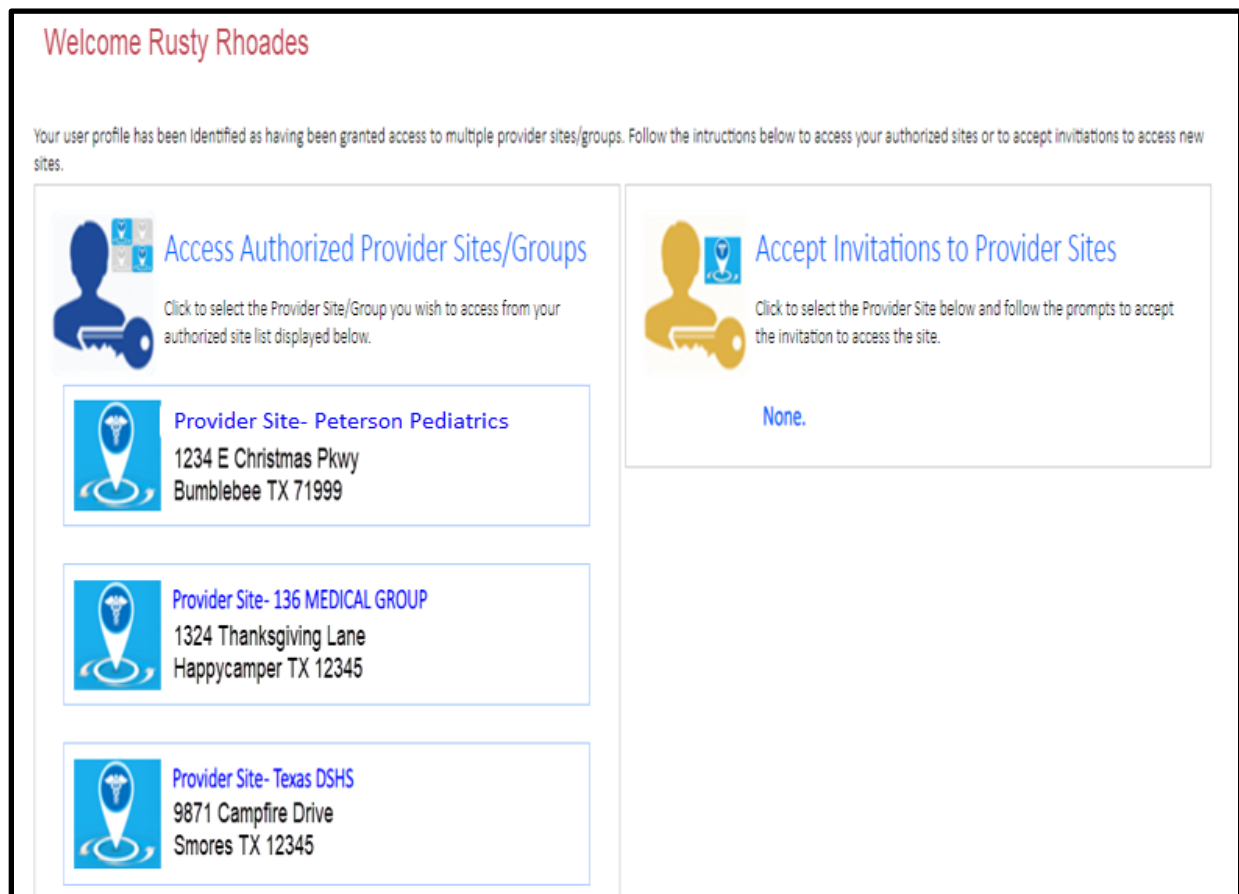
## Texas Immunization Registry

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*



## Texas Immunization Registry

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.

The screenshot displays the Texas Immunization Registry interface for Peterson Pediatrics. At the top, facility information is shown on the left, and site details and user profile are on the right. Red boxes and arrows highlight key identifiers: TX IIS ID, ImmTrac2 Org Code (ABCD1234), TX IIS ID (1234567890), ImmTrac2 Org Code, and TVFC/ASN PIN (123456). Below this is a 'Get Started...' section with a red prompt to complete tasks. The left sidebar contains links for 'View Archived Agreements' (highlighted with a red box and arrow) and a 'Renew' section (also highlighted with a red box and arrow). The 'Renew' section lists actions like 'Submit Name Change', 'Submit Change of Address', 'Designate a new Responsible Medical Professional (RMP)', 'Designate new POC', and 'Designate new PRC'. The main content area shows 'Texas Vaccines for Children and Adult Safety Net Program' enrollment status, indicating 'Step 8 of 9 Completed'. A blue box with an arrow points to the 'Renew' section, stating 'To Renew, click in the area under the "Renew" label.' On the right, a text box explains that the 'View Archived Agreements' link allows viewing previously approved and archived site agreements. The bottom of the page includes links for 'Manage Users', 'Manage Prescribing Providers', and a 'Support Ticket'.

Figure 5: Renewal Choices

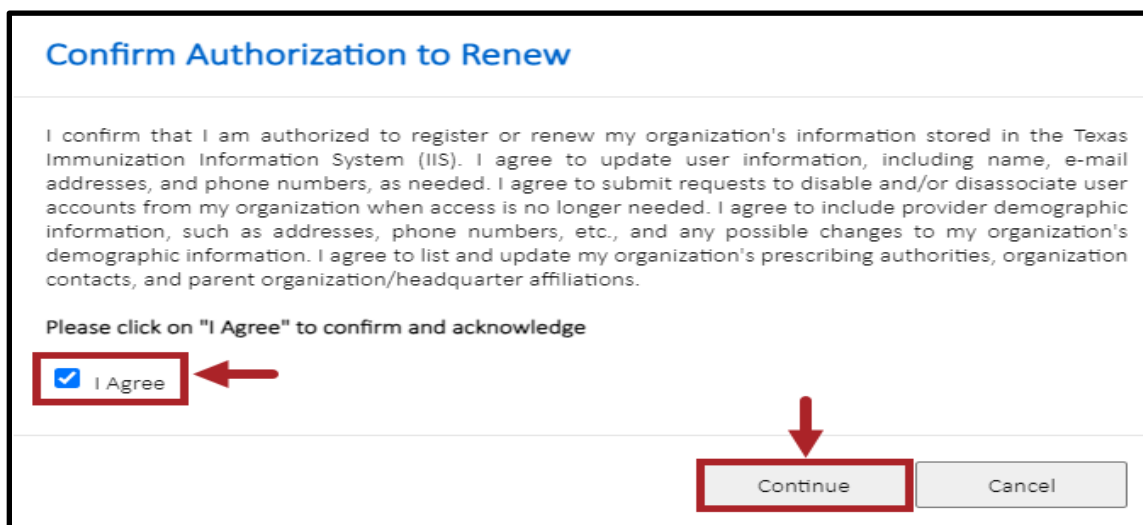
## Texas Immunization Registry

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.***



**Confirm Authorization to Renew**

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.

Please click on "I Agree" to confirm and acknowledge

☒ I Agree

Continue Cancel

*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.

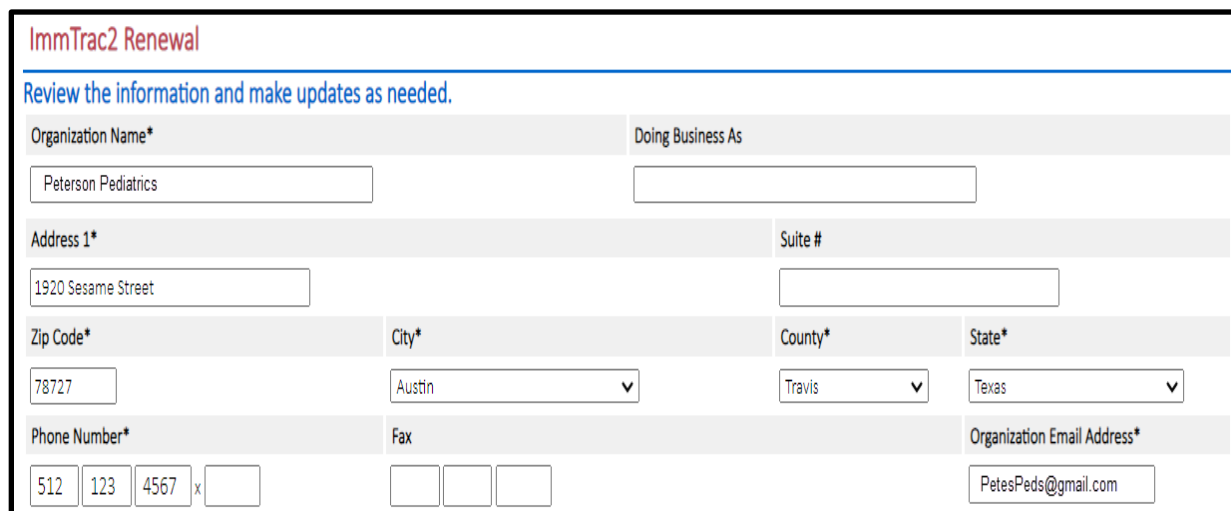
If you agree with the statements, select the “I Agree” box and then select the “Continue” button.



### Step 1A. Organization Information

**Reminder: Fields with asterisks (\*) are required.**

See Figure 7: Organization Information.



**ImmTrac2 Renewal**

Review the information and make updates as needed.

Organization Name*		Doing Business As	
<input type="text" value="Peterson Pediatrics"/>		<input type="text"/>	
Address 1*		Suite #	
<input type="text" value="1920 Sesame Street"/>		<input type="text"/>	
Zip Code*	City*	County*	State*
<input type="text" value="78727"/>	<input type="text" value="Austin"/>	<input type="text" value="Travis"/>	<input type="text" value="Texas"/>
Phone Number*		Fax	Organization Email Address*
<input type="text" value="512"/> <input type="text" value="123"/> <input type="text" value="4567"/> x <input type="text"/>		<input type="text"/>	<input type="text" value="PetesPeds@gmail.com"/>

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*

## Texas Immunization Registry

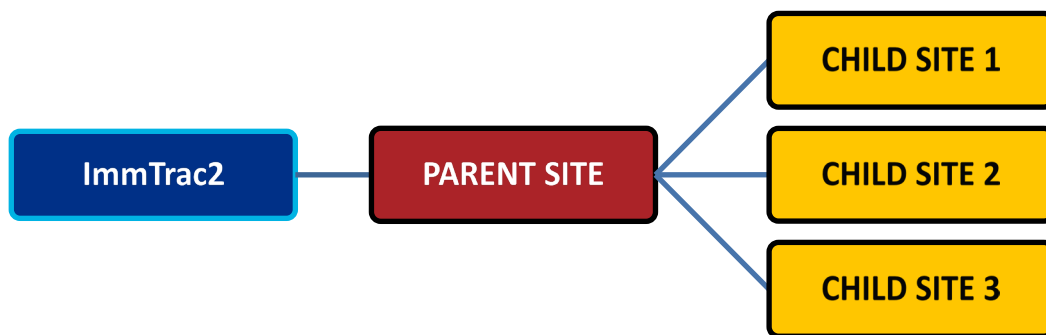


Figure 10: Parent/Child Organization

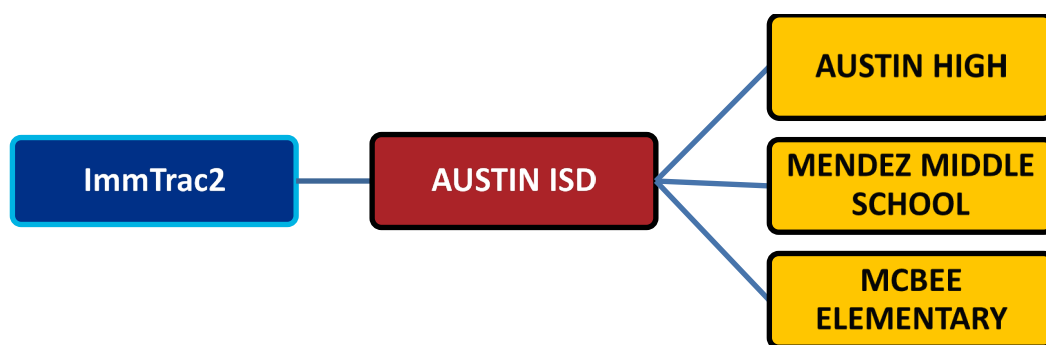


Figure 11: Example of a **School** Parent/Child Organization

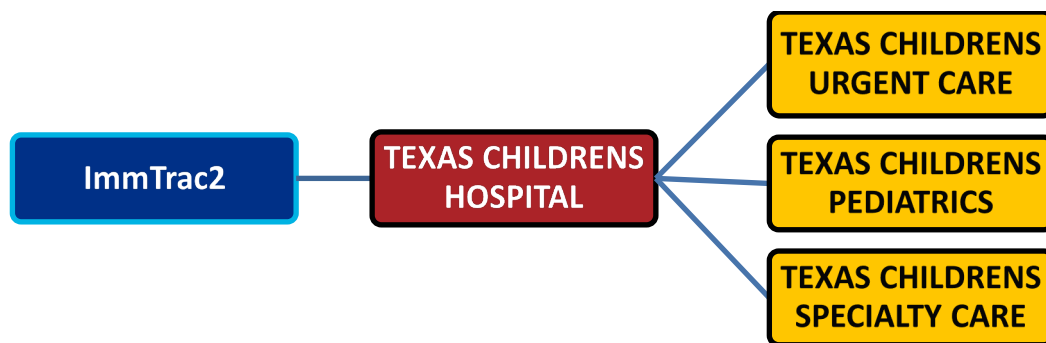


Figure 12: Example of a **Hospital** Parent/Child Organization



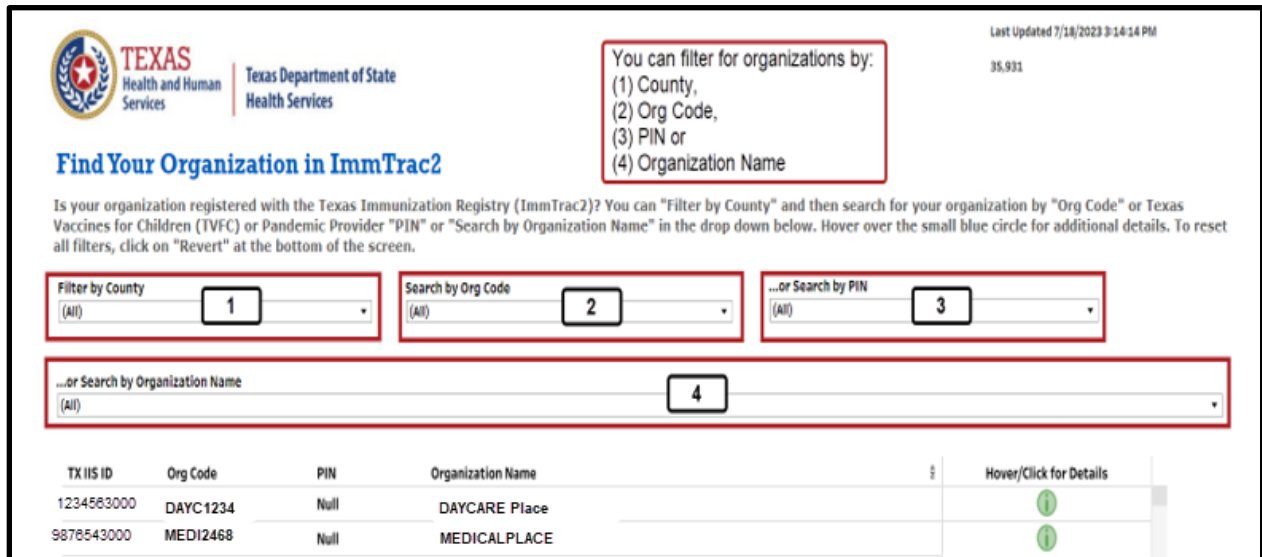
Figure 13: Stand-Alone Site



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



The screenshot shows the 'Find Your Organization in ImmTrac2' interface. At the top, it includes the Texas Department of State Health Services logo and a 'Last Updated' timestamp. A red box highlights the filtering options: (1) County, (2) Org Code, (3) PIN or, (4) Organization Name. Below this, there are four search filters: 'Filter by County' (dropdown 1), 'Search by Org Code' (dropdown 2), '...or Search by PIN' (dropdown 3), and '...or Search by Organization Name' (dropdown 4). A table at the bottom lists organizations with columns for TX IIS ID, Org Code, PIN, Organization Name, and a 'Hover/Click for Details' button. The table contains two rows of data.

TX IIS ID	Org Code	PIN	Organization Name	Hover/Click for Details
1234563000	DAYC1234	Null	DAYCARE Place	
9876543000	MEDI2468	Null	MEDICALPLACE	

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)

...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



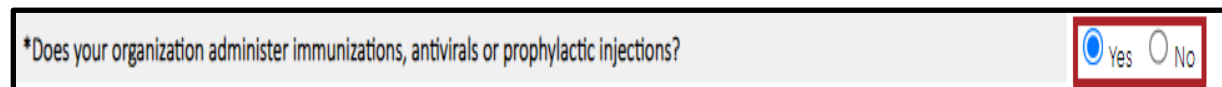
\*Is this organization authorized to administer immunizations?

☒ 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



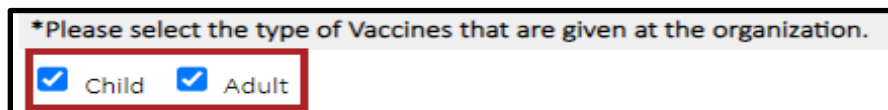
\*Does your organization administer immunizations, antivirals or prophylactic injections?

☒ 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

\*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 ☒ No

*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

**ImmTrac2 Registration**

Review the information and make updates as needed.

Organization Name*		Doing Business As	
<input type="text" value="Peterson Pediatrics"/>		<input type="text"/>	
Address 1*		Suite #	
<input type="text" value="1234 Gryffindor Dr"/>		<input type="text"/>	
Zip Code*	City*	County*	State*
<input type="text" value="78572"/>	<input type="text" value="Mission"/>	<input type="text" value="Hidalgo"/>	<input type="text" value="Texas"/>
Phone Number*	Fax	Organization Email Address*	
<input type="text" value="512"/> <input type="text" value="123"/> <input type="text" value="4567"/> x <input type="text"/>	<input type="text"/>	<input type="text" value="PetesPeds@gmail.com"/>	

\*Is the Mailing Address for this organization the same as the facility's Physical Address displayed above? ☒ Yes ☐ No

\*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:

**Clinical Information**

\*Please select the type of organization you are enrolling.

\*Is this organization authorized to administer immunizations? ☒ Yes ☐ No

\*Does your organization administer immunizations, antivirals or prophylactic injections? ☒ Yes ☐ No

\*Please select the type of Vaccines that are given at the organization.

☒ Child ☒ Adult

\*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 ☒ No

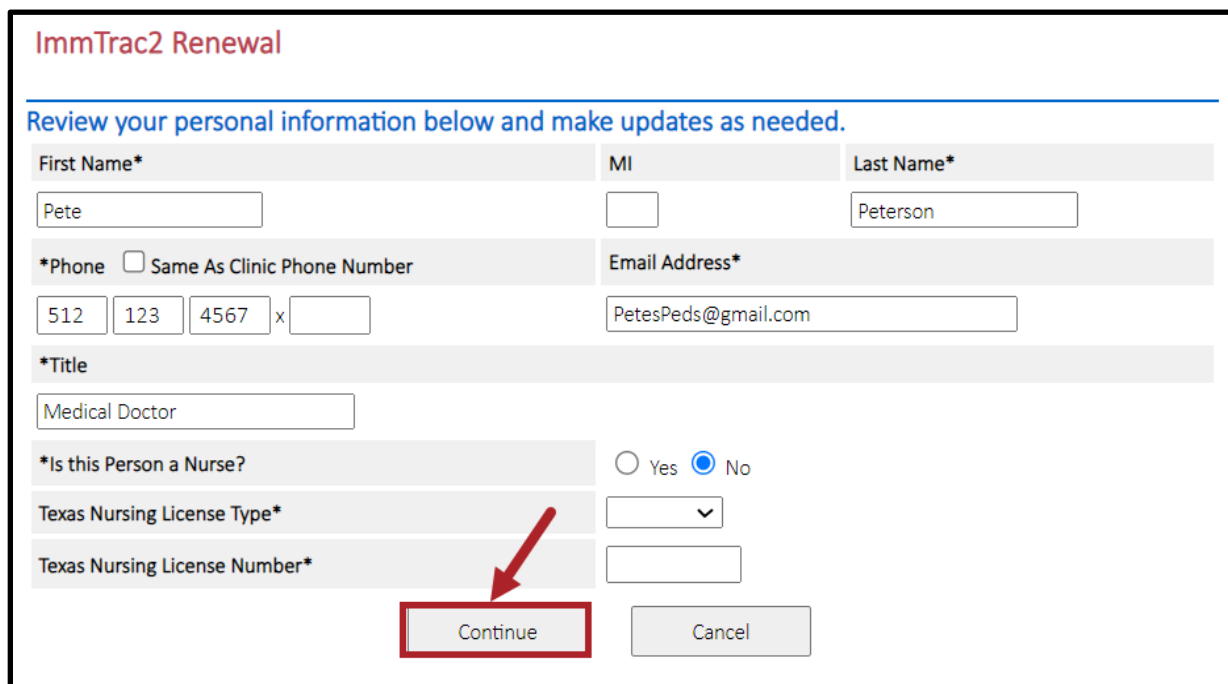
\*The ASN Program serves uninsured adults 19 and over. Would you like to be contacted with more information on the ASN Program? ☐ Yes ☒ No

*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.



**ImmTrac2 Renewal**

Review your personal information below and make updates as needed.

First Name*	MI	Last Name*
Pete		Peterson

*Phone <input type="checkbox"/> Same As Clinic Phone Number	Email Address*
512 123 4567 x	PetesPeds@gmail.com

\*Title  
Medical Doctor

\*Is this Person a Nurse? ☐ Yes ☒ No

Texas Nursing License Type\*

Texas Nursing License Number\*

**Continue** **Cancel**

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. \*

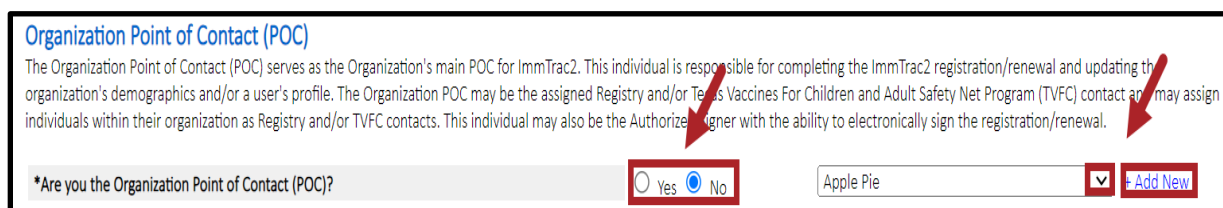


### Step 3. Organization Point of Contact (POC)

**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*.



**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)? ☐ Yes ☒ No

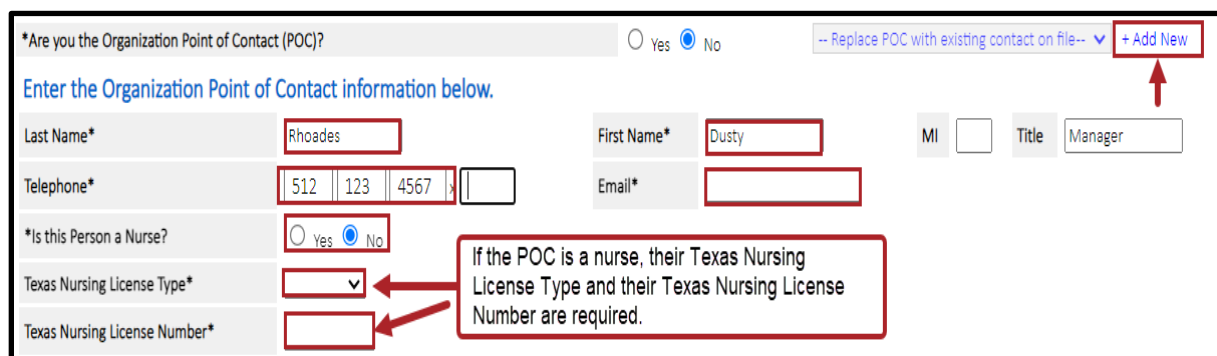
Apple Pie

*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*).



\*Are you the Organization Point of Contact (POC)? ☐ Yes ☒ No

-- Replace POC with existing contact on file--

**Enter the Organization Point of Contact information below.**

Last Name\* Rhoades First Name\* Dusty MI Title Manager

Telephone\* 512 123 4567 Email\*

\*Is this Person a Nurse? ☐ Yes ☒ No

Texas Nursing License Type\* Texas Nursing License Number\*

If the POC is a nurse, their Texas Nursing License Type and their Texas Nursing License Number are required.

*Figure 25: New Organization Point of Contact*



## ***Texas Immunization Registry***

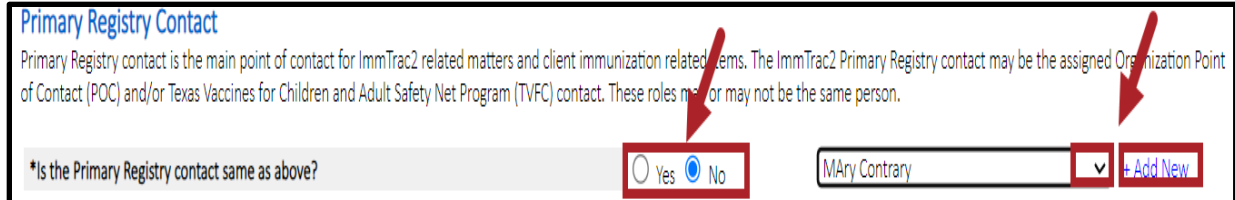
If entering a new Point of Contact (POC), you must enter their last name, first name, telephone number, and if they are a nurse (if “yes”, enter their Texas Nursing License Type and Number).

***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.



**Primary Registry Contact**  
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.

\*Is the Primary Registry contact same as above? ☐ Yes ☒ No

IMary Contrary

Figure 26: Primary Registry Contact

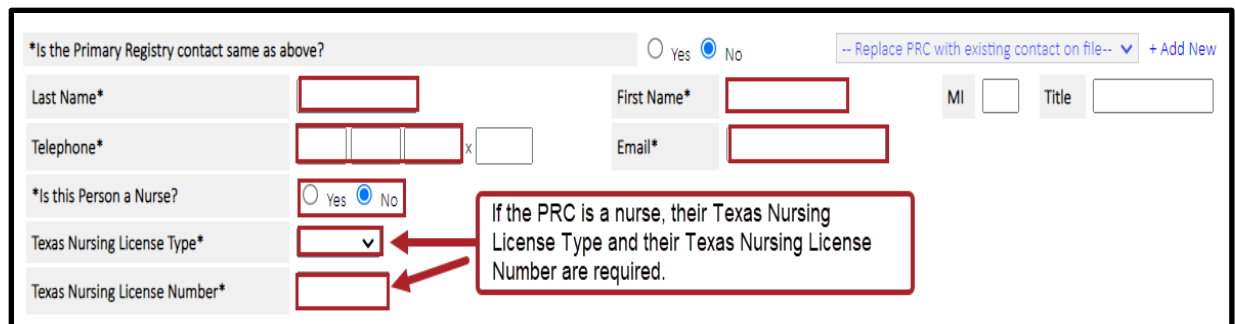
**NOTE: This is where you can change and edit the Primary Registry Contact (PRC). You cannot change the PRC in Step 7 ImmTrac Users. Changing the PRC is done here, and the PRC is a major point of contact.**

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.**



\*Is the Primary Registry contact same as above? ☐ Yes ☒ No

-- Replace PRC with existing contact on file--

Last Name\*  First Name\*  MI  Title

Telephone\*  x  Email\*

\*Is this Person a Nurse? ☐ Yes ☒ No

Texas Nursing License Type\*

Texas Nursing License Number\*

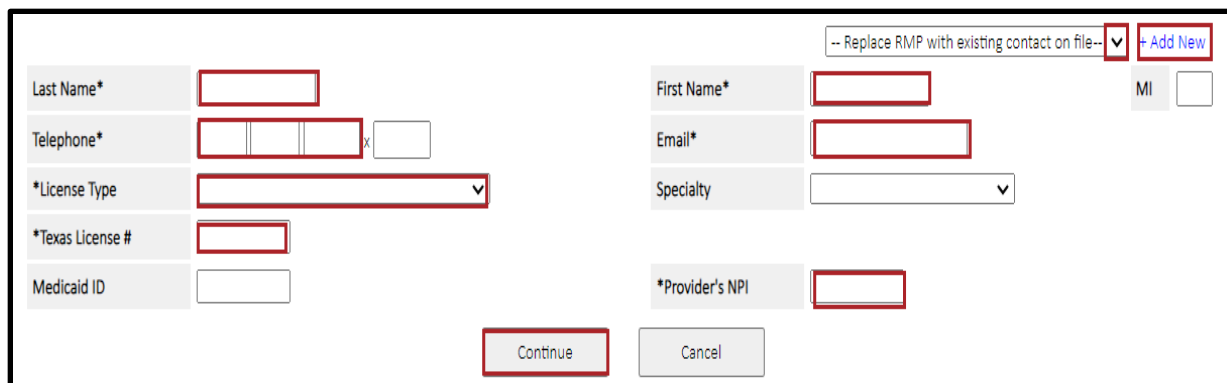
If the PRC is a nurse, their Texas Nursing License Type and their Texas Nursing License Number are required.

Figure 27: New Primary Registry Contact (PRC)

### Step 5. Responsible Medical Provider

**Reminder: Fields with asterisks (\*) are required.**

See Figure 28: Responsible Medical Provider.



-- Replace RMP with existing contact on file--

Last Name\*

First Name\*  MI

Telephone\*

Email\*

\*License Type

Specialty

\*Texas License #

Medicaid ID

\*Provider's NPI

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.



## ***Texas Immunization Registry***

- **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.

**Manage Prescribing Provider**

A gold star means that William Weeks is the current Responsible Medical Provider.

Review the prescribing authorities below. Add, remove and make updates as needed.

Current Provider List

Add Provider Upload Provider List

#	Last Name	First Name	Title	Specialty	License #	Medicaid #	NPI #	Edit	Inactivate
1	Weeks	William	MD (Doctor of Medicine)	Internist	L1234		1234567895	★	NA
2	Farmer	Claudia	DVM (Veterinary Medical Examiners)	Other	012345			⚙️	✖️

Continue Cancel

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.



### Manage Prescribing Providers

#### Prescribing Providers

##### Edit Provider

Last Name	First Name	MI
Weeks	DAVID	
*Title	MD (Doctor of Medicine)	Specialty
*Email	BillWeeks@geemail.com	*Confirm Email
*Phone	512 123 4568 x 222	Medicaid ID
*License No	L2345	*Provider's NPI

Update Cancel

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](#).

### Manage Prescribing Providers

Review the prescribing authorities below. Add/Remove and make updates as needed.

#### Current Provider

This Prescribing Provider, William Weeks, is the Responsible Medical Provider (RMP) and the gold star is displayed. You can edit the RMP in this section. To change who the RMP is you must go to the RMP section.

#	Last Name	First Name	MI	Title	Specialty	License #	Medicaid #	NPI	Edit	Inactivate
1	Weeks	William						1234567895	★	NA
2	Farmer	Claudia		DVM (Veterinary Medical Examiners)	Other	012345			⚙️	✖️

By selecting the blue gear edit icon you can edit this Prescribing Provider, Claudia Farmer.

Continue Cancel

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.

**Manage Prescribing Providers**

---

Prescribing Providers

[Edit Provider](#)

Last Name	First Name	MI
Farmer	Claudia	

*Title	<input type="text" value="DVM (Veterinary Medical Examiner)"/>	Specialty	<input type="text" value="Other"/>
*Email	<input type="text" value="CFarmer@geemail.com"/>	*Confirm Email	<input type="text" value="CFarmer@geemail.com"/>
*Phone	<input type="text" value="512 123 4567"/>	Medicaid ID	<input type="text"/>
*License No	<input type="text" value="012345"/>	*Provider's NPI	<input type="text" value="1234567890"/>

*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*.

**Manage Prescribing Providers**

---

Review the prescribing authorities below. [Add/Remove](#) and make updates as needed.

[Current Provider List](#)

Selecting a red "X" is a way to make a Prescribing Provider inactive.

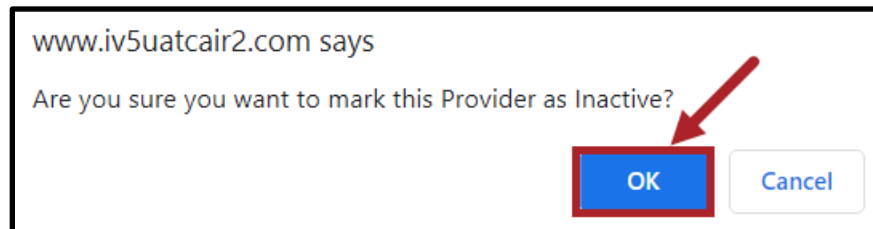
#	Last Name	First Name	MI	Title	Specialty	License #	Medicaid #	NPI #	Edit	Inactivate
1	Weeks	William		MD (Doctor of Medicine)	Internist	L1234		123456789		NA
2	Farmer	Claudia		DVM (Veterinary Medical Examiners)	Other	012345				

*Figure 33: Making a Prescribing Provider Inactive*



## Texas Immunization Registry

After selecting the Red “X” to deactivate 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.

Manage Prescribing Providers

Add a new Prescribing Provider.

Future Enhancement.

Review the prescribing authorities below. Add/Remove and make updates as needed.

Current Provider List

Add Provider

Upload Provider List

#	Last Name	First Name	MI	Title	Specialty	License #	Medicaid #	NPI #	Edit	Inactivate
1	Weeks	William		MD (Doctor of Medicine)	Internist	L1234		1234567895		NA
2	Farmer	Claudia		DVM (Veterinary Medical Examiners)	Other	012345				

Continue

Cancel

*Figure 35: Add Provider Button*

ImmTrac2 Renewal

Prescribing Providers

Add New Provider

*Last Name	Jones	*First Name	Joni	MI	
*Title	Clinician	Specialty	▼		
*Email	DrJones@gmail.com	*Confirm Email	DrJones@gmail.com		
*Phone	(512) 123-4567	Medicaid ID			
*License No	L1234	*Provider's NPI	123456890		

Add Provider
Cancel

*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.

**Review ImmTrac2 Users**

Review the ImmTrac2 users currently associated with this organizations. You may take the following actions.

1. Request updates to a user's name or account.
2. Remove users that either no longer work for this facility or no longer need access to ImmTrac2.
3. Add new ImmTrac2 users.

**The POC, PRC, and RMP are the main Registry contacts. Edit them in the ImmTrac2 Contacts section, not here.**

**ImmTrac2 Users**

#	Name	POC	PRC	RMP	Primary Vx Coordinator	Backup Vx Coordinator	TVFC/ASN Signatory	COVID Signatory	BIDX	DQ	Certs	ImmTrac2 Account	Edit	X
1.	ApplePie@geeemail.com (512) 123-4567											ap6974pi Active		
2.	ARTEST DEVELOPER avlaraj@yahoo.com (555) 555-5555											ar1234la Active		
3.	Jeffrey Dunn JeffDunn@geeemail.com (512) 123-4567		<input checked="" type="checkbox"/>									je4567du Active		
4.	Jerry Peterson Jerry@geeemail.com (512) 123-5678											00000123456 Active		
5.	Joe Poncho Nun@urbiz.net (512) 455-6533				<input checked="" type="checkbox"/>							jo2358po Active		
6.	John Welch JohnJohn@geeemail.com (512) 123-9876											00000246813 Active		
7.	MARY Contrary MaryC@geeemail.com (512) 234-5678		<input checked="" type="checkbox"/>									ma1234co Active		

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*.

**Review ImmTrac2 Users**

Review the ImmTrac2 users currently associated with this organizations. You may take the following actions.

1. Request updates to a user's name or account.
2. Remove users that either no longer work for this facility or no longer need access to ImmTrac2.
3. Add new ImmTrac2 users.

Add Users

Add New User

**ImmTrac2 Users**

#	Name	POC	PRC	RMP	Primary Vx Coordinator	Backup Vx Coordinator	TVFC/ASN Signatory	COVID Signatory	BiDX	DQ	Certs	ImmTrac2 Account	Edit	X
1.	ApplePie@geeemail.com (512) 123-4567											ap6974pi Active		
2.	ARTEST DEVELOPER avlaraj@yahoo.com (555) 555-5555											ar1234la Active		
3.	Jeffrey Dunn JeffDunlt@geeemail.com (512) 123-4567		<input checked="" type="checkbox"/>									je4567du Active		
4.	Jerry Peterson Jerry@geeemail.com (512) 123-5678											00000123456 Active		
5.	Joe Poncho Nun@urbiz.net (512) 455-6533				<input checked="" type="checkbox"/>							jo2358po Active		
6.	John Welch JohnJohn@geeemail.com (512) 123-9876											00000246813 Active		
7.	MAry Contrary MaryC@geeemail.com (512) 234-5678		<input checked="" type="checkbox"/>									ma1234co Active		

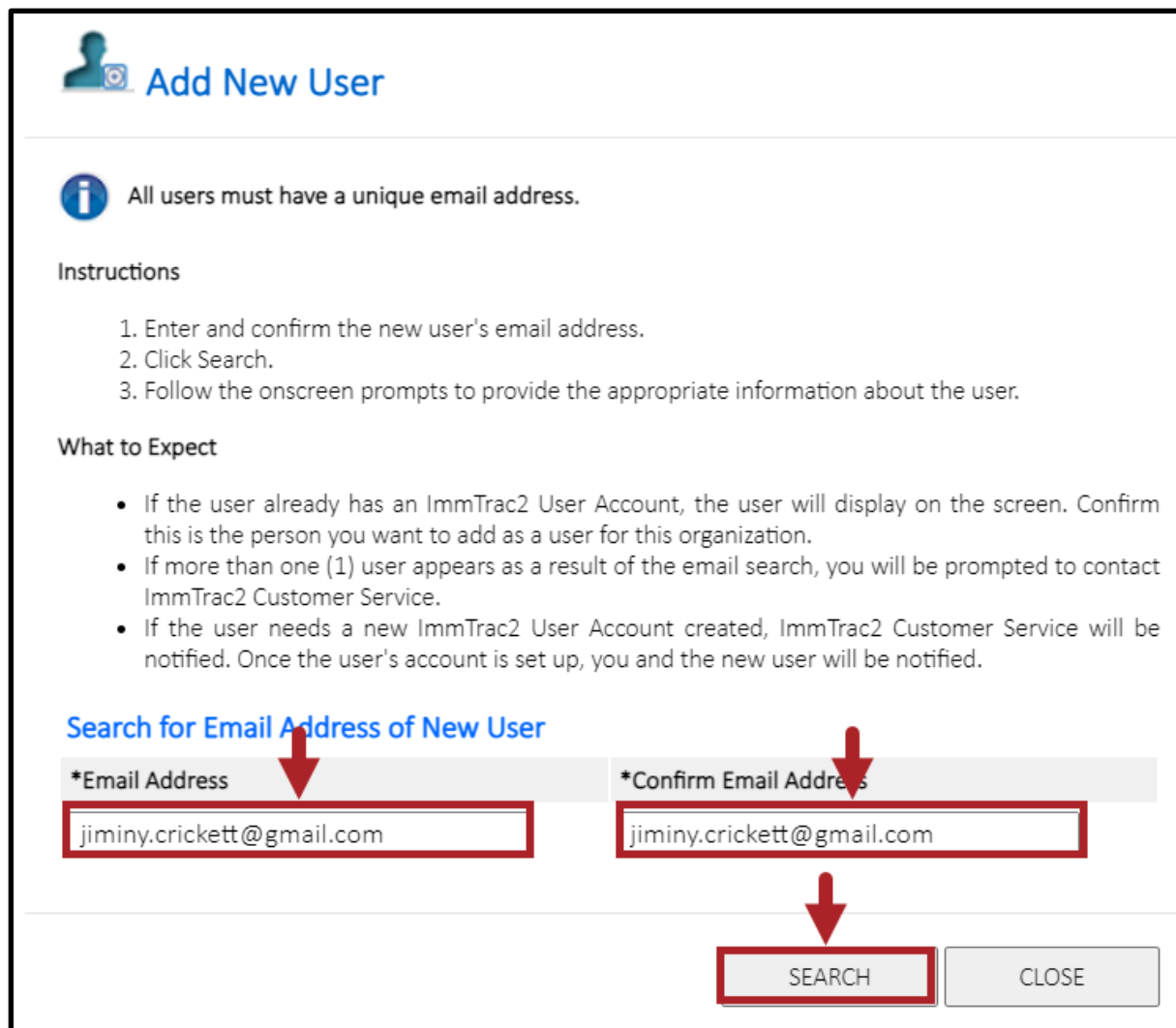
*Figure 38: Add New User*

**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.



**Add New User**

**i** All users must have a unique email address.

**Instructions**

1. Enter and confirm the new user's email address.
2. Click Search.
3. Follow the onscreen prompts to provide the appropriate information about the user.

**What to Expect**

- If the user already has an ImmTrac2 User Account, the user will display on the screen. Confirm this is the person you want to add as a user for this organization.
- If more than one (1) user appears as a result of the email search, you will be prompted to contact ImmTrac2 Customer Service.
- If the user needs a new ImmTrac2 User Account created, ImmTrac2 Customer Service will be notified. Once the user's account is set up, you and the new user will be notified.

**Search for Email Address of New User**

<b>*Email Address</b>	<b>*Confirm Email Address</b>
jiminy.crickett@gmail.com	jiminy.crickett@gmail.com


**SEARCH** **CLOSE**

*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.

### ImmTrac2 User Management



#### Add New User

There was one (1) match found for the email address entered for ImmTrac2 user.

Name: Jiminy Cricket

The user is associated with the following organizations.

#	Org Code	Organization	Location
1.	GOOG0001	Peterson Pediatrics	2023 GRYFFINDOR DR MISSION, 75752, TX, HIDALGO
2.	DSHS	Texas DSHS	1100 W 49TH ST AUSTIN, 78756, TX, Travis

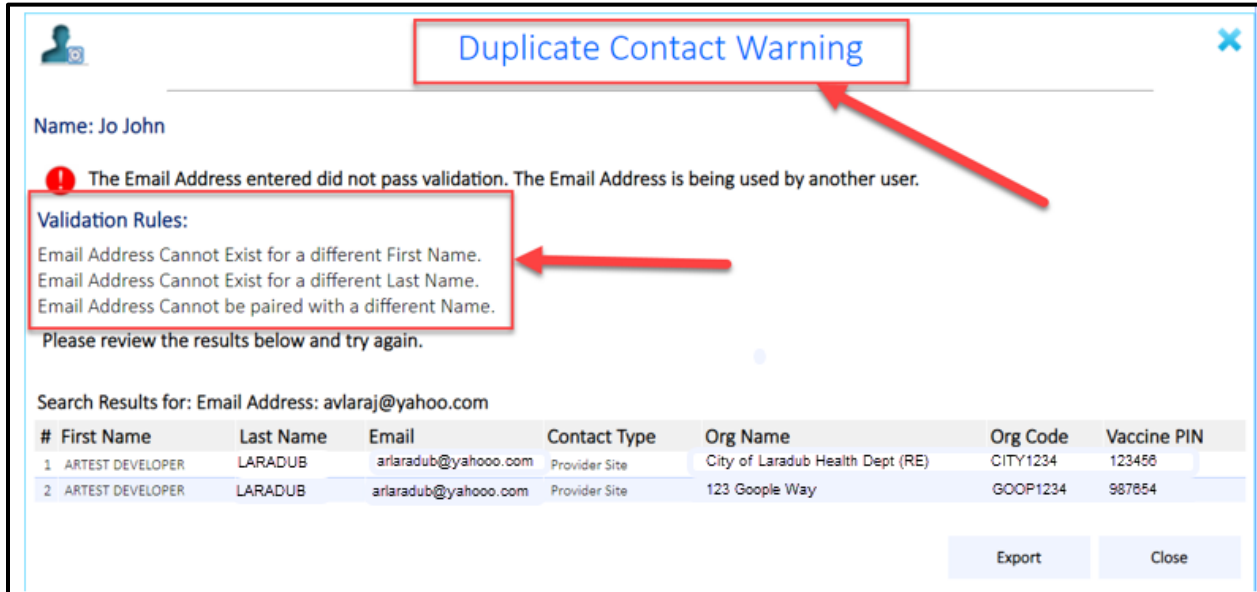
- If the user you are attempting to add is the user displayed above, click confirm to add this user to your organization. After clicking confirm, you will be prompted to provide more information about the user's account relating to this organization.
- If this is not your user, click cancel and contact ImmTrac2 Customer Service.

Confirm

Cancel

*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*.



**Duplicate Contact Warning**

Name: Jo John

**!** The Email Address entered did not pass validation. The Email Address is being used by another user.

**Validation Rules:**

- Email Address Cannot Exist for a different First Name.
- Email Address Cannot Exist for a different Last Name.
- Email Address Cannot be paired with a different Name.

Please review the results below and try again.

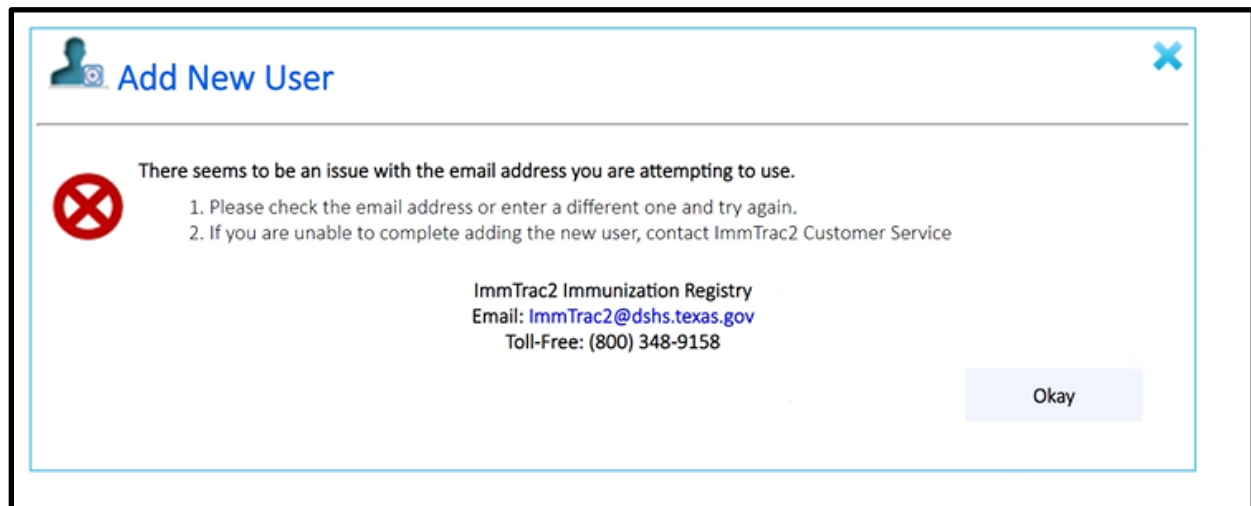
Search Results for: Email Address: avlaraj@yahoo.com

#	First Name	Last Name	Email	Contact Type	Org Name	Org Code	Vaccine PIN
1	ARTEST DEVELOPER	LARADUB	arlaradub@yahoo.com	Provider Site	City of Laradub Health Dept (RE)	CITY1234	123456
2	ARTEST DEVELOPER	LARADUB	arlaradub@yahoo.com	Provider Site	123 Google Way	GOOP1234	987654

Export Close

*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.



**Add New User**

**✗** There seems to be an issue with the email address you are attempting to use.

- Please check the email address or enter a different one and try again.
- If you are unable to complete adding the new user, contact ImmTrac2 Customer Service

ImmTrac2 Immunization Registry  
Email: [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov)  
Toll-Free: (800) 348-9158

Okay

*Figure 42: Issue with Email Address*




## Texas Immunization Registry

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*.

**ImmTrac2 User Management**

---

 **Add New User** ✕


Provide details about this users account.

**User's Information**

First Name*	MI	Last Name*	Email Address	Username
Jiminy		Crickett	jiminy.crickett@gmail.com	


**User Account Information for this Organization**







Title* (Employee Type)	Phone Number*	*Is this user a Nurse?	
Cricketeer	512 123 4567	<input checked="" type="radio"/> Yes <input type="radio"/> No	
		*Select Texas License Type	RN
		*Enter Texas License Number	1234567


Save
Cancel

*Figure 43: Add Details of New User*

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

 **ImmTrac2 Users** Add New User

#	Name	POC	PRC	RMP	Primary Vx Coordinator	Backup Vx Coordinator	TVFC/ASN Signatory	Pandemic Signatory	BiDX	DQ	Certs	ImmTrac2 Account	Edit	X
6.	Jiminy Cricket jiminy@geemail.com (512) 123-4567											ji8443cr Active		
7.	Joe Poncho Nun@urbiz.net (512) 455-6533											jo2358po Active		

*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

**Review ImmTrac2 Users**

Review the ImmTrac2 users currently associated with this organizations. You may take the following actions.

1. Request updates to a user's name or account.
2. Remove users that either no longer work for this facility or no longer need access to ImmTrac2.
3. Add new ImmTrac2 users.

**ImmTrac2 Users** Add New User

#	Name	POC	PRC	RMP	Primary Vx Coordinator	Backup Vx Coordinator	TVFC/ASN Signatory	COVID Signatory	BiDX	DQ	Certs	ImmTrac2 Account	Edit	X
1.	ApplePie@geeemail.com (512) 123-4567											ap6974pi Active		
2.	ARTEST DEVELOPER I avlaraj@yahoo.com (555) 555-5555											ar1234la Active		
3.	Jeffrey Dunn JeffDunt@geeemail.com (512) 123-4567	<input checked="" type="checkbox"/>										je4567du Active		
4.	Jerry Peterson Jerry@geeemail.com (512) 123-5678											00000123456 Active		
5.	Joe Poncho Nun@urbiz.net (512) 455-6533				<input checked="" type="checkbox"/>							jo2358po Active		
6.	John Welch JohnJohn@geeemail.com (512) 123-9876											00000246813 Active		
7.	MARY Contrary MaryC@geeemail.com (512) 234-5678			<input checked="" type="checkbox"/>								ma1234co Active		

Figure 46: Edit User

## Texas Immunization Registry


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

### ImmTrac2 User Management

#### Review ImmTrac2 Users

Review the ImmTrac2 users currently associated with this organizations. You may take the following actions.

1. Request updates to a user's name or account.
2. Remove users that either no longer work for this facility or no longer need access to ImmTrac2.
3. Add new ImmTrac2 users.


**ImmTrac2 Users**
Add New User







#	Name	POC	PRC	RMP	Primary Vx Coordinator	Backup Vx Coordinator	TVFC/ASN Signatory	Pandemic Signatory	BiDX	DQ	Certs	ImmTrac2 Account	Edit	X
1.	<b>Apple Pie</b> jdopeter+78676@gmail.com (656) 253-6588	<input checked="" type="checkbox"/>										ap6974pi Active		
2.	<b>ARTEST DEVELOPER</b> avlaraj@yahoo.com (555) 555-5555											ar2622la Active		
3.	<b>William Weeks</b> wildbill@geemail.com (512) 123-4567						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
4.	<b>George Crickett</b> George2@geemail.com (512) 123-4567													

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.



## Texas Immunization Registry

**Edit User**

Provide all changes in the detailed information box you need updated for this user.

**Enter Your Issue Information**

**Issue Title\***  
Edit User George Crickett

**Issue Category\***  
Account Update

**Issue Description\***  
Add/Edit User

**Detailed Information\***  
(Message about editing this user.)

\* Required

Close Submit

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

**Review ImmTrac2 Users**

Review the ImmTrac2 users currently associated with this organizations. You may take the following actions.

1. Request updates to a user's name or account.
2. Remove users that either no longer work for this facility or no longer need access to ImmTrac2.
3. Add new ImmTrac2 users.

**ImmTrac2 Users**

Add New User

#	Name	POC	PRC	RMP	Primary Vx Coordinator	Backup Vx Coordinator	TVFC/ASN Signatory	COVID Signatory	BiDX	DQ	Certs	ImmTrac2 Account	Edit	X
1.	Apple Pie jdopeter+78676@gmail.com (656) 253-6588											ap6974pi Active		
2.	ARTEST DEVELOPER LARA avlaraj@yahoo.com (555) 555-5555											ar2622la Active		
3.	Jeffrey Dunn jdopeter+876545@gmail.com (512) 778-8556	<input checked="" type="checkbox"/>										je4376du Active		
4.	Jerry Peterson JDOPETER+7772342@GMAIL.COM (956) 584-3353											00000267942 Active		
5.	Joe Poncho Nun@urbiz.net (512) 455-6533				<input checked="" type="checkbox"/>							jo2358po Active		
6.	John Welch jdopeter+jwelch@gmail.com (512) 456-3333											00000256325 Active		
7.	MAry Contrary jdopeter+4532@gmail.com (565) 456-8636	<input checked="" type="checkbox"/>										ma2595co Active		

Figure 50: Remove Users

## Texas Immunization Registry


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

### ImmTrac2 User Management

#### Review ImmTrac2 Users

Review the ImmTrac2 users currently associated with this organizations. You may take the following actions.

1. Request updates to a user's name or account.
2. Remove users that either no longer work for this facility or no longer need access to ImmTrac2.
3. Add new ImmTrac2 users.


**ImmTrac2 Users**
Add New User








#	Name	POC	PRC	RMP	Primary Vx Coordinator	Backup Vx Coordinator	TVFC/ASN Signatory	Pandemic Signatory	BiDX	DQ	Certs	ImmTrac2 Account	Edit	X
1.	ApplePie@geemail.com (512) 123-4567	<input checked="" type="checkbox"/>										ap6974pi Active		
2.	ARTEST DEVELOPER avlaraj@yahoo.com (555) 555-5555											ar1234la Active		
3.	William Weeks wildbill@geemail.com (512) 123-4567						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
4.	George Crickett George2@geemail.com (512) 123-4567													

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.



### Remove User

You have selected Jeffrey Dunn to be removed from this organization.

Click continue below to remove Jeffrey Dunn's account access from 123 Google Way.

Close
Continue

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*



## Texas Immunization Registry

### 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

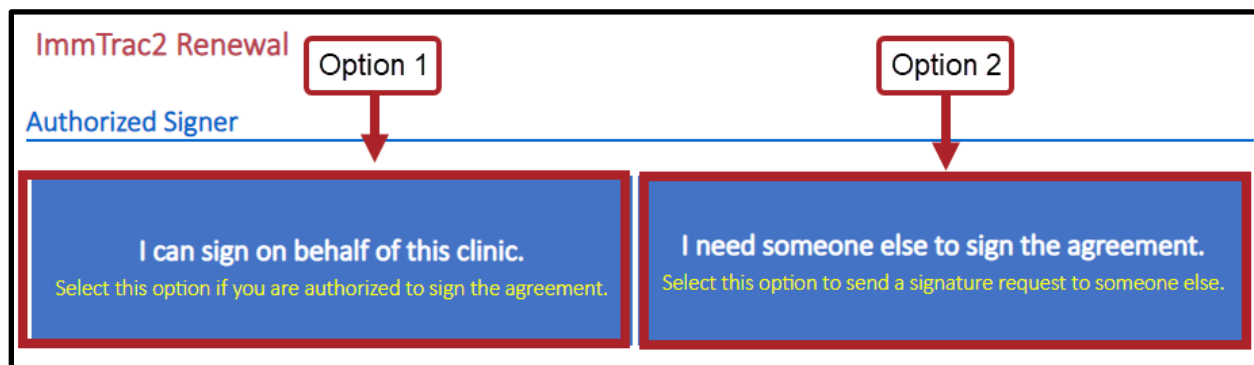


Continue

Figure 54: Review of Site Renewal, Part 2

## Texas Immunization Registry

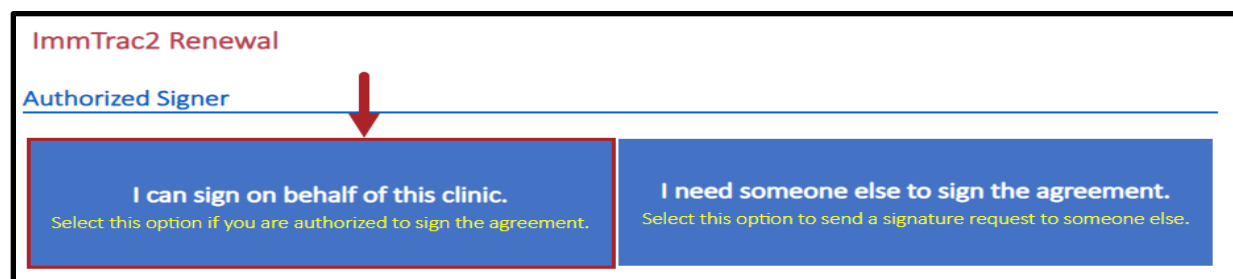
After reviewing the summary, you choose to either sign the renewal yourself or send it to someone else to sign. See *Figure 55: Sign or Send to Someone Else to Sign*.



*Figure 55: Sign or Send to Someone Else to Sign*

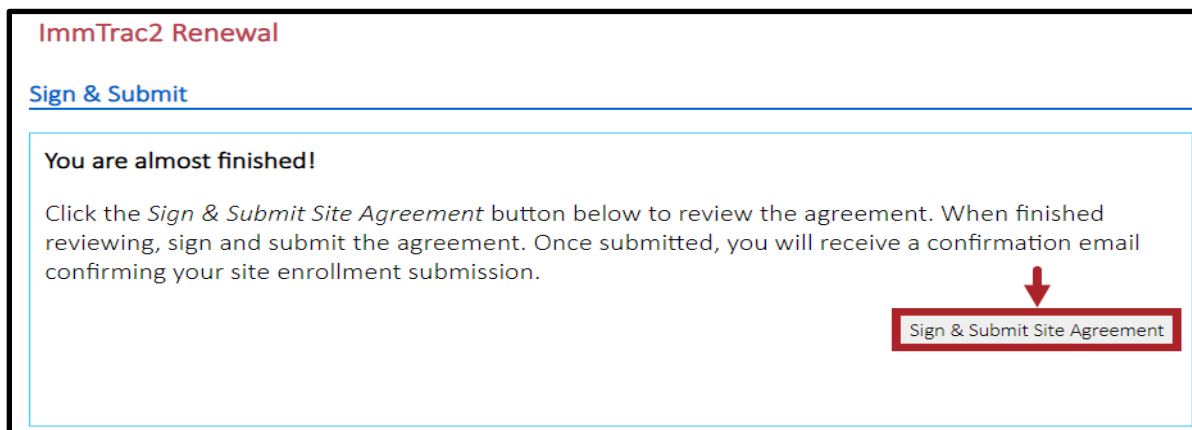
### Option 1: You Can Sign on Behalf of This Clinic

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*).

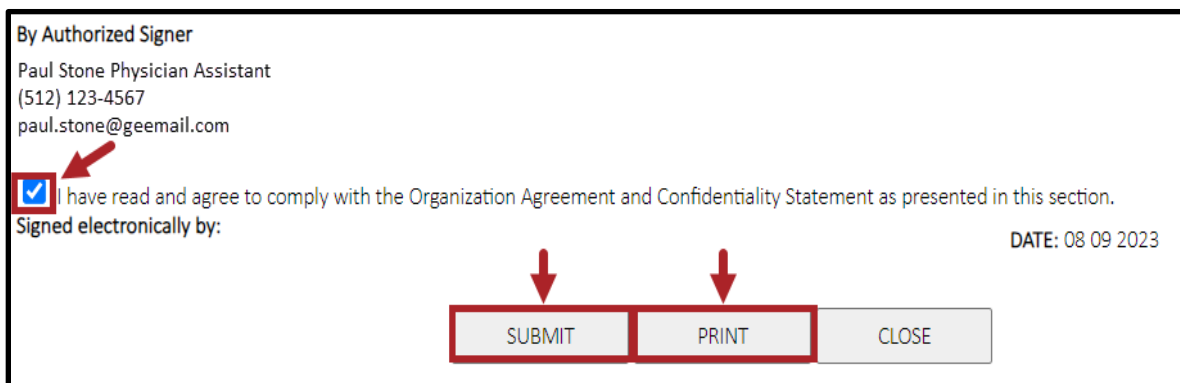


*Figure 57: Sign and Submit*



## 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*.




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: DATE: 08/09/2023

SUBMIT
PRINT
CLOSE

*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!**



 **Electronic Signature Agreement**

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.

I Accept
Cancel

*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*.



## Texas Immunization Registry

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.

### 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".

**I can sign on behalf of this clinic.**

Select this option if you are authorized to sign the agreement.

**I need someone else to sign the agreement.**

Select this option to send a signature request to someone else.



**\*Choose one selection from the options below:**

☐ I want to send the Agreement to the Responsible Medical Professional for signature.

**\*Confirm the Responsible Medical Professional's information is correct and click "Send for Signature".**

First Name*	MI	Last Name*	Email Address of Authorized Signatory*
<input type="text" value="Claudia"/>	<input type="text"/>	<input type="text" value="Farmer"/>	<input type="text" value="cfarmer@goodhealth.com"/>

Click the send for signature button below. An invitation will be sent to the person above at the email address indicated with instructions to sign the Enrollment form online.

☐ I want to send it to someone else.

\*Use the pick-list to the right to select someone from this clinic. Otherwise, click Add New.

▼ Add New

**\*Confirm the information is correct below and click "Send for Signature".**

First Name*	MI	Last Name*	Email Address of Authorized Signatory*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Click the send for signature button below. An invitation will be sent to the person above at the email address indicated with instructions to sign the Enrollment form online.

*Figure 61: I Need Someone Else to Sign the Agreement*

## Texas Immunization Registry

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*.

I can sign on behalf of this clinic.

Select this option if you are authorized to sign the agreement.

I need someone else to sign the agreement.

Select this option to send a signature request to someone else.

\*Choose one selection from the options below:

☒

I want to send the Agreement to the Responsible Medical Professional for signature.

\*Confirm the Responsible Medical Professional's information is correct and click "Send for Signature".

First Name*	MI	Last Name*	Email Address of Authorized Signatory*
William		Weeks	nunur@biz.com

Click the send for signature button below. An invitation will be sent to the person above at the email address indicated with instructions to sign the Enrollment form online.

Send for Signature

☐

I want to send it to someone else.

\*Use the pick-list to the right to select someone from this clinic. Otherwise, click Add New.

▼
Add New

\*Confirm the information is correct below and click "Send for Signature".

First Name*	MI	Last Name*	Email Address of Authorized Signatory*

Click the send for signature button below. An invitation will be sent to the person above at the email address indicated with instructions to sign the Enrollment form online.

Send for Signature

*Figure 62: Send Agreement to Responsible Medical Professional*

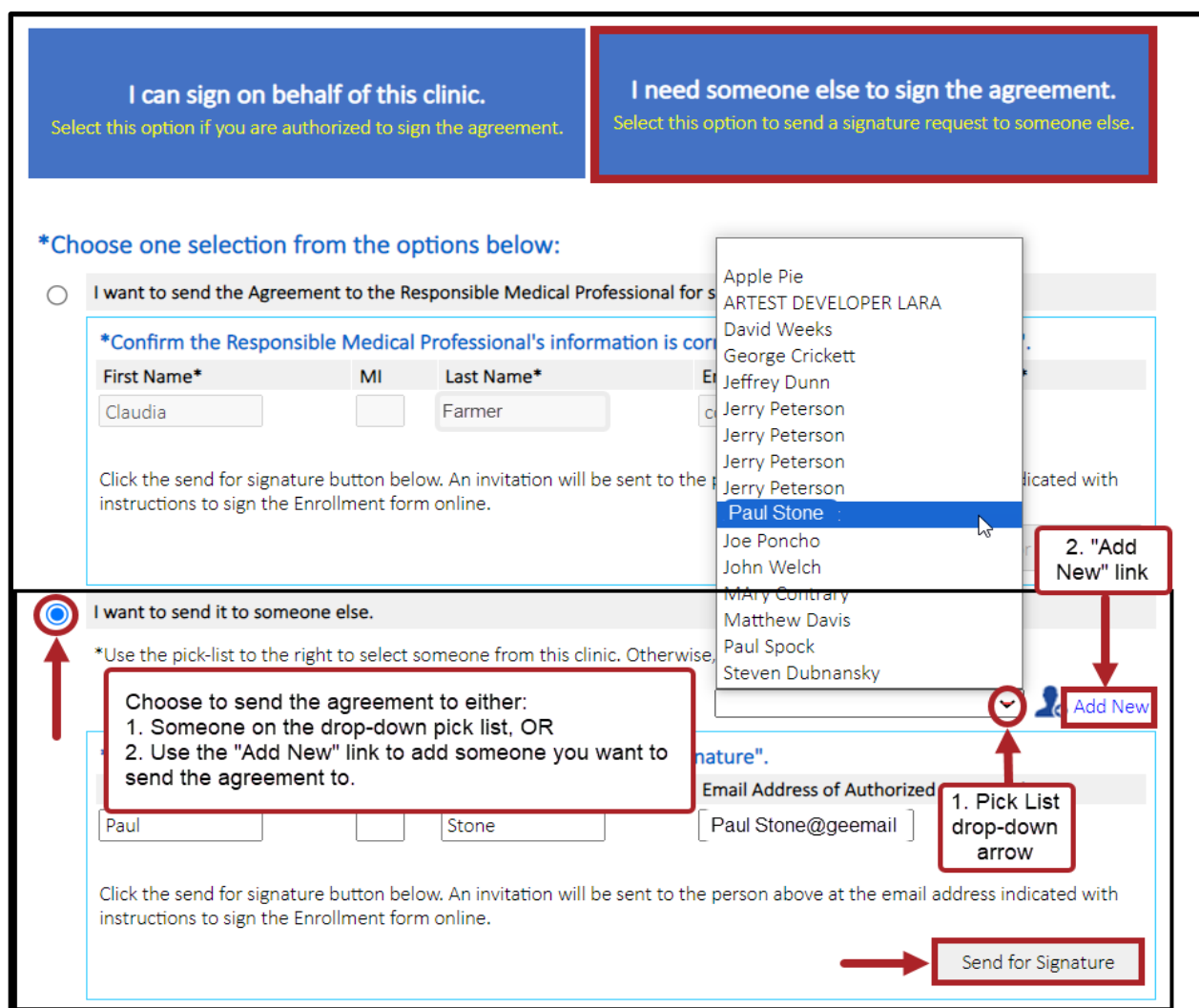
## Texas Immunization Registry

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.**



**I can sign on behalf of this clinic.**  
Select this option if you are authorized to sign the agreement.

**I need someone else to sign the agreement.**  
Select this option to send a signature request to someone else.

**\*Choose one selection from the options below:**

☐ I want to send the Agreement to the Responsible Medical Professional for s

**\*Confirm the Responsible Medical Professional's information is correct**

First Name*	MI	Last Name*
Claudia		Farmer

Click the send for signature button below. An invitation will be sent to the person above with instructions to sign the Enrollment form online.

☐ I want to send it to someone else.

**\*Use the pick-list to the right to select someone from this clinic. Otherwise, use the "Add New" link to add someone you want to send the agreement to.**

Choose to send the agreement to either:  
1. Someone on the drop-down pick list, OR  
2. Use the "Add New" link to add someone you want to send the agreement to.

First Name*	MI	Last Name*
Paul		Stone

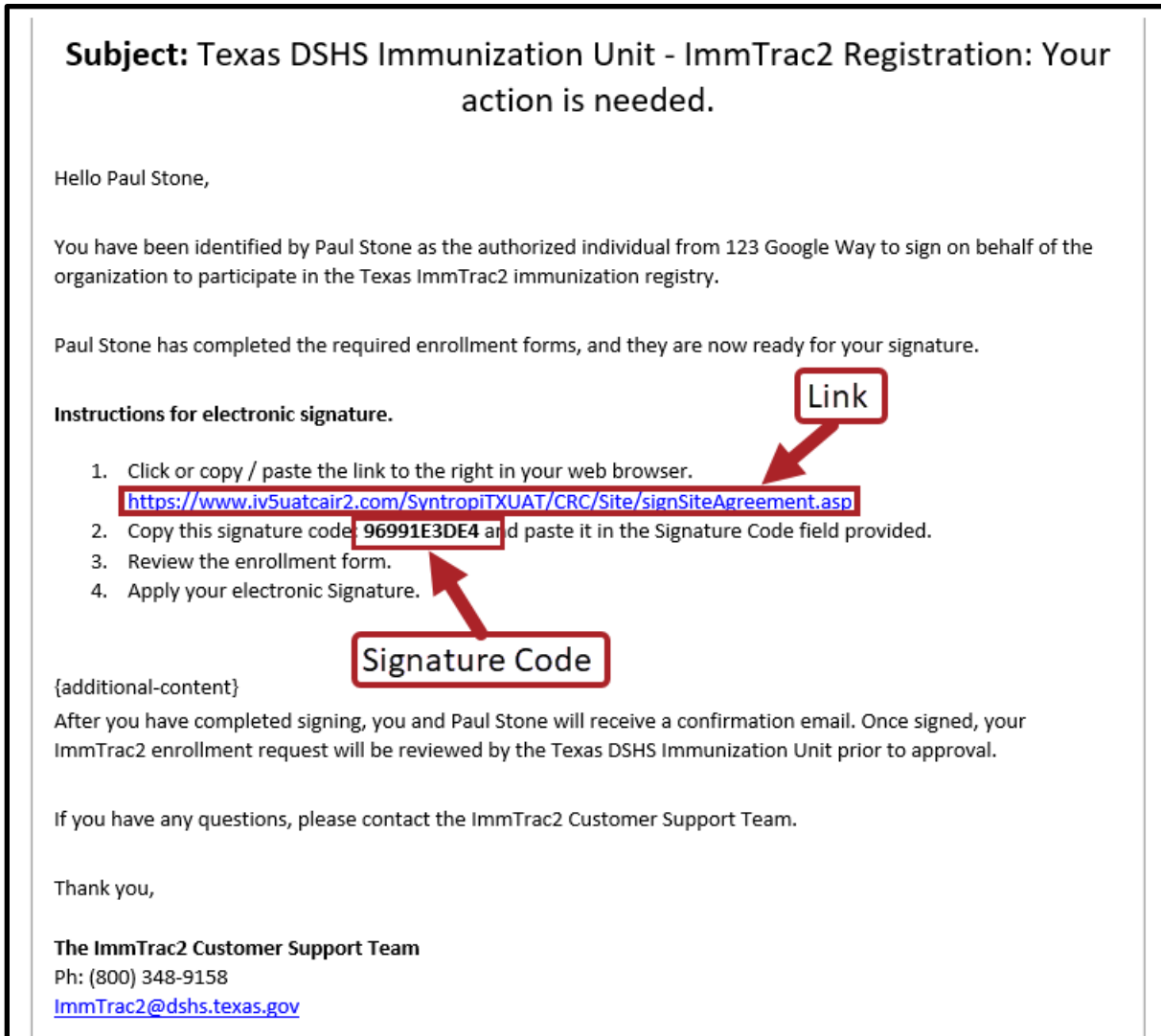
Click the send for signature button below. An invitation will be sent to the person above at the email address indicated with instructions to sign the Enrollment form online.

Email Address of Authorized Person: [ Paul Stone@geemail ]

**Send for Signature**

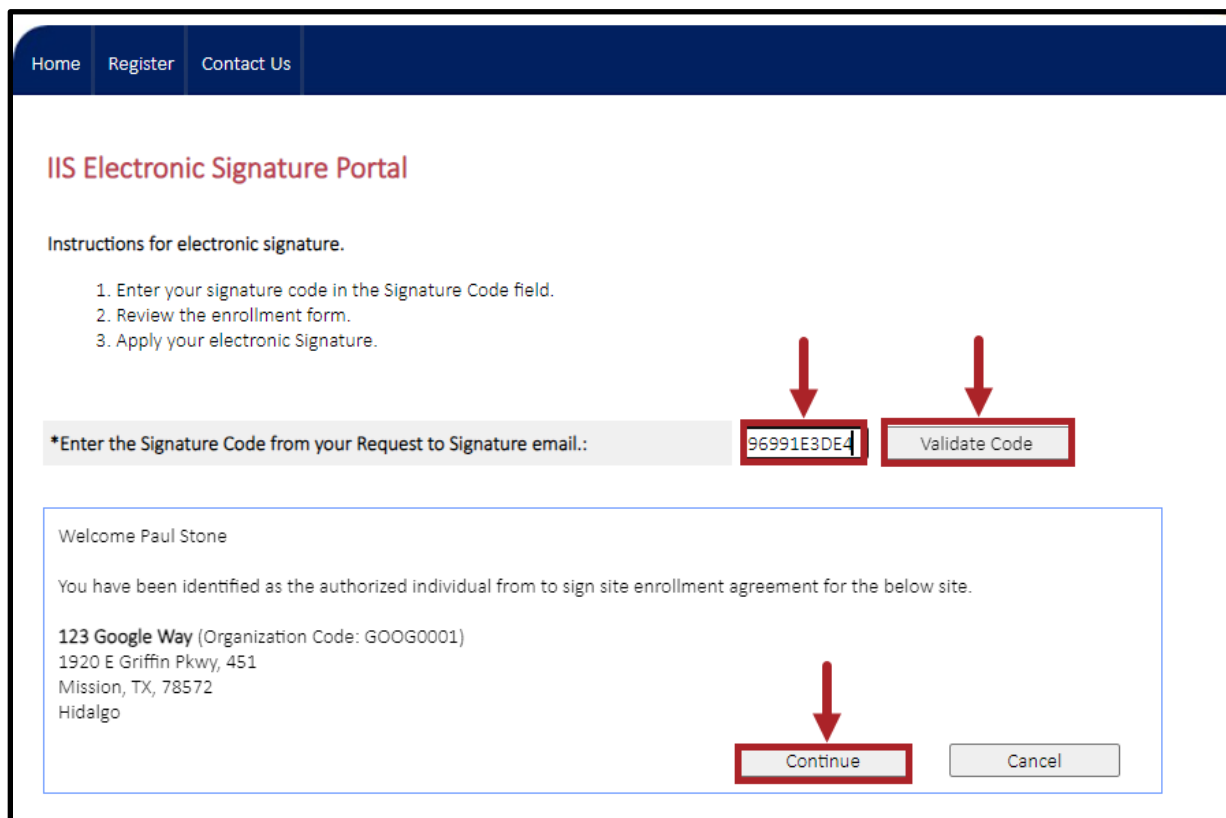
*Figure 63: Send Agreement to Someone Not the Responsible Medical Professional*

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*.



Home Register Contact Us

## IIS Electronic Signature Portal

Instructions for electronic signature.

1. Enter your signature code in the Signature Code field.
2. Review the enrollment form.
3. Apply your electronic Signature.

\*Enter the Signature Code from your Request to Signature email.:

96991E3DE4 Validate Code

Welcome Paul Stone

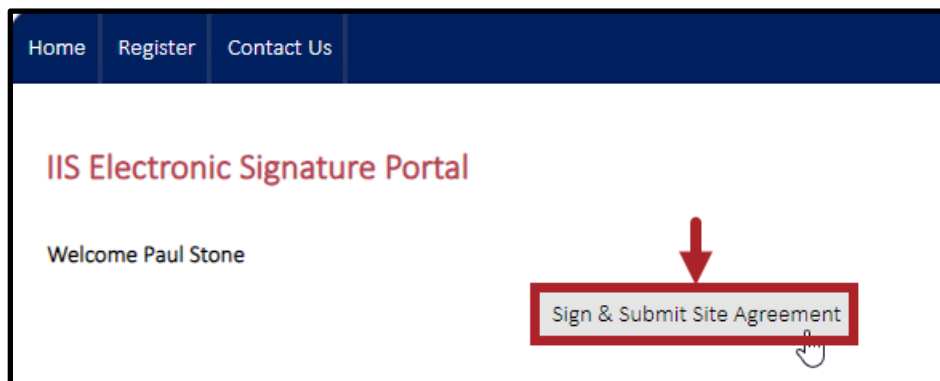
You have been identified as the authorized individual from to sign site enrollment agreement for the below site.

**123 Google Way** (Organization Code: GOOG0001)  
1920 E Griffin Pkwy, 451  
Mission, TX, 78572  
Hidalgo

Continue Cancel

*Figure 65: Electronic Signature Portal*

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



Home Register Contact Us

## IIS Electronic Signature Portal

Welcome Paul Stone

Sign & Submit Site Agreement

*Figure 66: Sign and Submit Site Agreement*


## Texas Immunization Registry

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

<b>Organization Information</b>			
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:	
<b>Facility's Physical Address</b>			
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	
<b>Facility's Mailing Address</b>			
Mailing Address 1: 1234 Gryffindor		Suite: 451	P.O. Box:
City: Mission	County: Hidalgo	State: TX	Zip Code: 78572
<b>Clinical Information</b>			
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:		<input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Adult	
<b>Organization Contacts- Point of Contact (POC)</b>			
First Name:	Apple		
M.:	t		
Last Name:	Pie		
Phone:	512 345-6789		
Email Address:	PaulsPeds@geemail.com		
Texas Nurse License:	123456		
<b>Primary Registry Contact (PRC)</b>			
First Name:	MAry		
M.:	Q		
Last Name:	Contrary		
Phone:	512 345-6789		
Email Address:	PaulsPeds@geemail.com		
Texas Nurse License:	246578		
<b>Responsible Medical Professional (RMP)</b>			
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*.

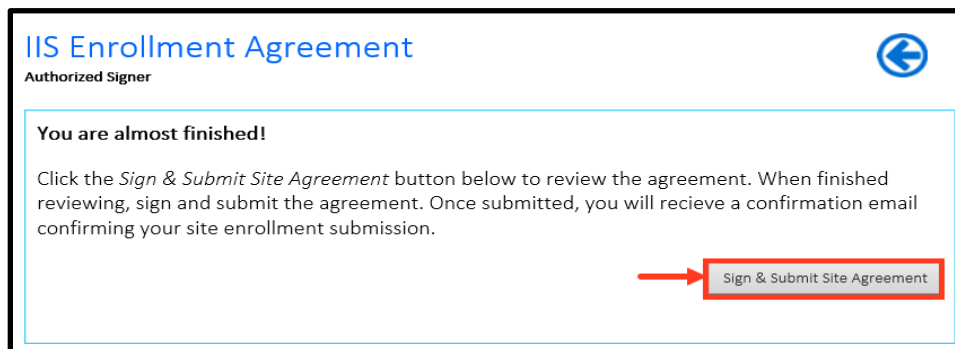


Figure 68: Sign & Submit Site Agreement

### 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*.

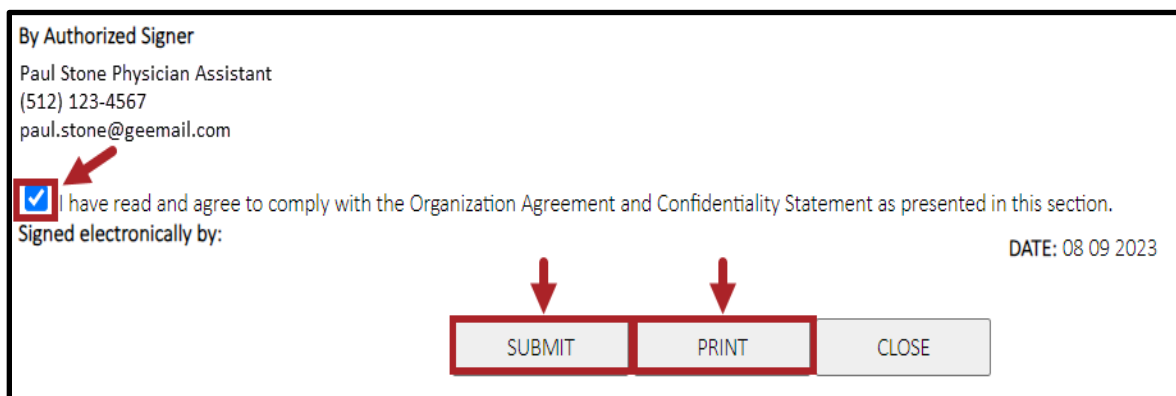


Figure 69: Electronic Signature Agreement

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!**



The dialog box titled "Electronic Signature Agreement" contains the following text: "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." Below the text are two buttons: "I Accept" and "Cancel". A red arrow points down to the "I Accept" button, which is also highlighted with a red rectangular border.

*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 in the order they are received.***



## ***Texas Immunization Registry***

### ***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](mailto: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.

## ***Texas Immunization Registry***

- 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

## ***Texas Immunization Registry***

- 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](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.



## ***Texas Immunization Registry***

- 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.





## ***Texas Immunization Registry***

### **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](mailto: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](mailto:ImmTracMU@dshs.texas.gov)

Phone: 800-348-9158, option 3

### **Texas Vaccines for Children (TVFC)**

Email: [VacCallCenter@dshs.texas.gov](mailto:VacCallCenter@dshs.texas.gov)

Phone: 800-252-9152

### **Vaccine Allocation & Ordering System (VAOS)**

Email: [Covid19VacMgmt@dshs.texas.gov](mailto:Covid19VacMgmt@dshs.texas.gov)

Phone: 833-832-7068