

## ImmuneNet Enrollment Form

Maryland's Immunization Information System ([ImmuneNet](#)) is a secure web-based registry operated by the Center for Immunization at the Maryland Department of Health (MDH). ImmuneNet information is confidential, HIPAA and FERPA compliant, and available only to [authorized provider users](#) (per State Statute §18–109), and will not be released to third parties without written consent.

Note:

1. All ImmuneNet authorized provider users are required to abide by the [ImmuneNet Confidentiality and User Agreement](#) when you sign in to ImmuneNet.
2. If your organization already has an ImmuneNet Admin User(s), they can create an ImmuneNet user account for you.
3. Organizations with more than one location must complete and submit an ImmuneNet enrollment form for each location/address.

### Enrollment Type:

Are you/your organization an authorized provider user?

Yes     No

*Please refer to the authorized provider user list per [State Statute §18–109](#)*

Does your organization administer vaccines (including seasonal vaccines like flu)?

Yes     No     Unsure

If your organization does not administer vaccines, you do not need to set up a connection with ImmuneNet. Contact [ImmuneNet Support](#) if you need to report historical/missing records.

### Select Type of Access

Report administered vaccines to ImmuneNet     ImmuneNet user account

If you need assistance with your existing account, contact [ImmuneNet Support](#).

### Organization Information

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Organization Name

Organization Type:

<input type="checkbox"/> <i>Childcare Facility</i>	<input type="checkbox"/> <i>Corrections/Detention Health Services</i>	<input type="checkbox"/> <i>Health Center</i>	<input type="checkbox"/> <i>Health Plan</i>
<input type="checkbox"/> <i>Home Health Care</i>	<input type="checkbox"/> <i>Hospital</i>	<input type="checkbox"/> <i>Long Term Care</i>	<input type="checkbox"/> <i>Pharmacy</i>
<input type="checkbox"/> <i>Medical Practice</i>	<input type="checkbox"/> <i>Public Health Provider</i>	<input type="checkbox"/> <i>School</i>	<input type="checkbox"/> <i>Urgent Care</i>
<input type="checkbox"/> <i>Other, specify type and reason to access ImmuneNet:</i>			

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If Medical Practice, indicate Specialty:

*Family*     *Internal Medicine*     *OB/GYN*     *Pediatrics*     *Other, please specify:* \_\_\_\_\_

Organization Sub-Types (indicate where applicable):

Health Center:  *Community (non-FQHC/RHC)*     *Migrant or Refugee*     *Occupational*     *STD/HIV Clinic*  
 *Student*

Long Term Care:  *Nursing Home/Skilled Nursing Facility, Federally Qualified*  *Nursing Home/Skilled Nursing Facility, Non-Federally Qualified*  *Assisted Living*  *Intellectual or Developmental Disability*  
 *Combination (e.g., assisted living and nursing home in same facility)*

Pharmacy:  *Chain*  *Independent*

Public Health Provider:  *Public Health Clinic*  *FQHC*  *RHC*

School Type:  *Preschool*  *Kindergarten*  *Elementary*  *Middle*  *High*  
 *Private*  *Public*

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Childcare Facility or Home Health Agency License Number (if applicable)	License Expiration Date			
	(        )			
Organization Address	City	State	Zip Code	Phone Number

Group/Individual NPI \_\_\_\_\_ VFC or Non VFC PIN (if applicable) \_\_\_\_\_

#### **Report Administered Vaccines to ImmuneNet**

All providers who administer vaccines in Maryland are required to report to ImmuneNet (per Maryland Statute [§18-109\(d\)\(6\)\(iii\)](#)).

Is your organization reporting to ImmuneNet?

Yes  No  Unsure

*If you are not sure about your reporting status, learn more at [health.maryland.gov/immunet](http://health.maryland.gov/immunet) to connect and report to ImmuneNet.*

Select your organization reporting method:

EHR/EMR system (Preferred)  
 Upload CSV file (No EHR/EMR or no immunization interface)  
 Manual Data Entry (No electronic data system/Not Preferred)

Is your organization adopting or switching to a new EHR/EMR?

Yes

No

EHR/EMR Name: \_\_\_\_\_

EHR/IT Contact Email: \_\_\_\_\_

If you indicated that your organization administers vaccines then you are required to report to ImmuneNet. Complete and submit an [EHR On-Boarding Request Form](#) to connect your EHR/EMR to ImmuneNet.

Requestor's Name: \_\_\_\_\_

Requestor's Phone: \_\_\_\_\_ Requestor's Email Address: \_\_\_\_\_

## User Account

User Name \_\_\_\_\_ Title/Department \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Email Address \_\_\_\_\_

What do you need to do in ImmuneNet? Select all applicable options:

- Look up Patient/Student immunization history
- Manage Vaccine Inventory and Ordering
- Run reports for my organization
- Manage users in my organization (add/edit/delete user accounts)  
*(Please review the short tutorial videos on how to [add new users](#) and [edit existing users](#) in your organization. Admin Users are also responsible for auditing their list of users on a regular basis.)*
- Report to ImmuneNet (Upload CSV files)
- Report to ImmuneNet (Set up my EHR)

EHR/IT Contact Name \_\_\_\_\_ EHR/IT Contact Email \_\_\_\_\_

## User Attestation

- I declare under penalty of perjury under the laws of the state of Maryland that this information is true and correct, and that I am an authorized provider user to access ImmuneNet patient records and will abide by the ImmuneNet user agreement.

**Need to add more users?** Contact your organization's Admin User to add them. If your organization does not have an Admin User, add information about additional users here:

Additional User:

Additional User Name \_\_\_\_\_ Additional User Title/Department \_\_\_\_\_

Additional User Phone Number \_\_\_\_\_ Additional User Work Email Address \_\_\_\_\_

What do you need to do in ImmuneNet? Select all applicable options:

- Look up Patient/Student immunization history
- Manage Vaccine Inventory and Ordering
- Run reports for my organization
- Manage users in my organization (add/edit/delete user accounts)  
*(Please review the short tutorial videos on how to [add new users](#) and [edit existing users](#) in your organization. Admin Users are also responsible for auditing their list of users on a regular basis.)*
- Report to ImmuneNet (Upload CSV files)
- Report to ImmuneNet (Set up my EHR)

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If you are requesting Admin User access (manage users), add your backup Admin User below:

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Back Up Admin User Name

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Back Up Admin User Title/Department

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Back Up Admin User Phone Number

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Back Up Admin User Work Email Address

What do you need to do in ImmuneNet? Select all applicable options:

- Look up Patient/Student immunization history
- Manage Vaccine Inventory and Ordering
- Run reports for my organization
- Manage users in my organization (add/edit/delete user accounts)

*(Please review the short tutorial videos on how to [add new users](#) and [edit existing users](#) in your organization. Admin Users are also responsible for auditing their list of users on a regular basis.)*

- Report to ImmuneNet (Upload CSV files)
- Report to ImmuneNet (Set up my EHR)

#### User Attestation

- I declare under penalty of perjury under the laws of the state of Maryland that this information is true and correct, and that I am an authorized provider user to access ImmuneNet patient records and will abide by the ImmuneNet user agreement.

Date completed: \_\_\_\_\_

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

#### Mail or Fax to

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

Once received, your request will be processed as quickly as possible. You should expect to receive your login credentials (if applicable) within 7-10 business days.

#### MDH (For Official Use Only):

Date Received: \_\_\_\_\_

Date Fulfilled: \_\_\_\_\_

Initials: \_\_\_\_\_