ImmuNet Enrollment Form

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

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

**Organization Information**

________________________________________________________________________________________

**Organization Name**

Organization Type:

- [ ] Childcare Facility
- [ ] Corrections/Detention Health Services
- [ ] Health Center
- [ ] Health Plan
- [ ] Home Health Care
- [ ] Hospital
- [ ] Long Term Care
- [ ] Pharmacy
- [ ] Medical Practice
- [ ] Public Health Provider
- [ ] School
- [ ] Urgent Care
- [ ] Other, specify type and reason to access ImmuNet: ________________________________

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

__________________________

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

__________________________

Organization Address City State Zip Code Phone Number

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

**Reporting to ImmuNet**

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

Does your organization administer vaccines? [ ] Yes [ ] No

If yes, complete the following questions. If no, skip to the next section.
Center for Immunization
Maryland Immunization Information System (ImmuNet)

Is your organization reporting to ImmuNet? ☐Yes ☐No ☐Unsure
If no, please explain planned method for reporting vaccine administration data as required by law:

________________________________________________________________________

Does your organization use an Electronic Health/Medical Record System (EHR/EMR)? ☐Yes ☐No
If you are not already reporting to ImmuNet, please list your Electronic Health/Medical Record system:

________________________________________________________________________

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

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

Information of user(s) who need ImmuNet access

User Name and Title/Department

(_____) ___________________________________________  __________________________
Phone number  Email address

What type of ImmuNet access do you need? Select all applicable options:
☐ Look up Client/Patient/Student immunization history  ☐ Set up reporting from my EHR
☐ Run queries and reports for my organization  ☐ Upload CSV files
☐ Manage VFC Inventory and Ordering  ☐ Register for COVID-19 vaccines
☐ Manage the users in my organization (add new or delete user accounts) – Admin User

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

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

Backup Admin User or Other User Name and Title/Department

(_____) ___________________________________________  __________________________
Phone number  Email address

What type of ImmuNet access does this user need? Select all applicable options:
☐ Look up Client/Patient/Student immunization history  ☐ Set up reporting from my EHR
☐ Run queries and reports for my organization  ☐ Upload CSV files
☐ Manage VFC Inventory and Ordering  ☐ Register for COVID-19 vaccines
☐ Manage the users in my organization (add new or delete user accounts) – Admin User

Note: Both your backup Admin User and you can add other users in ImmuNet. If you need to manage accounts at multiple sites, please list the number of sites: ____________
If less than 10 sites, each site should be registered separately.

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

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

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

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

MDH (For Official Use Only):
Date Received: _________________  Date Fulfilled: _________________  Initials: _________