

**PROVIDER AGREEMENT FORM FOR PARTICIPATING  
IN THE WEST VIRGINIA STATEWIDE IMMUNIZATION  
INFORMATION SYSTEM**

The West Virginia Department of Health and Human Resources, Office of Epidemiology and Prevention Services has developed a statewide computer-based immunization registry and tracking system in accordance with W. Va. Code § 16-3-5(d). Sharing of immunization records via the computer is compatible with the W. Va. Reportable Diseases Events and Conditions legislative rule, 64CSR7.

Patient or provider specific information is only available to the authorized participating immunization providers, and non-immunization providers (e.g. schools, insurers), and the West Virginia Statewide Immunization Information System (WVSIIS). The registry is one tool that is available for participating providers to help them assess their patients' immunization status. It is not intended to be the patient's official medical record although an official immunization record can be printed from WVSIIS. WVSIIS data will not be used to evaluate a provider's care although it will be used to assess vaccine coverage rates.

As a condition of participating in the WVSIIS, I/We

Name: \_\_\_\_\_  
(Print Name of Provider/Hospital/Clinic/Vendor)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

agree to do the following:

- 1) Use the WVSIIS for patient registration and immunization information for all patients.
- 2) Only access the system when needed to provide health care for our patient(s).
- 3) Immunization information shall be confidential: Provided, information may be shared with any provider providing health care for any patient included in the system (64CSR7-14.1). I/We understand that any participating provider can view and update information in the system for patients under their care.
- 4) Enter accurate and timely data.
- 5) Safeguard our user ID and password against unauthorized use.

\_\_\_\_\_  
Signature of Provider or Representative

\_\_\_\_\_  
Date

For office use only:

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

\_\_\_\_\_  
Received By

\_\_\_\_\_  
IRMS Number

WVDHHR Division of Information Services  
Immunization Services – WVSIIS  
350 Capitol St., Room 125  
Charleston, WV 25301-3715