



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

# ImmTrac2 Site Renewal Through Syntropi

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# Table of Contents

|   |           |
|---|-----------|
| <b>The ImmTrac2 Site Renewal Process through Syntropi .....</b>               | <b>2</b>  |
| Step 1A: Organization Information.....  | 8         |
| Mailing Address Question .....  | 9         |
| Multi-Site Organization Questions.....  | 9         |
| Examples of Organization Relationships.....                                   | 9         |
| Step 1B: Clinical Information Questions .....                                 | 13        |
| Type of Organization Question.....  | 13        |
| Authorized to Administer Immunizations Question .....                         | 13        |
| Administering Immunizations Question .....                                    | 13        |
| Type of Vaccines Question.....  | 13        |
| TVFC Question .....   | 14        |
| Continue .....  | 14        |
| Step 2: Personal Information of Person Filling Out the Renewal.....           | 15        |
| Step 3: Organization Point of Contact.....                                    | 16        |
| Step 4: Primary Registry Contact .....  | 17        |
| Step 5: Responsible Medical Provider.....                                     | 18        |
| Step 6: Manage Prescribing Providers.....                                     | 19        |
| Blue Gear.....  | 20        |
| Red “X” .....   | 21        |
| Add New Provider.....   | 22        |
| Step 7: ImmTrac2 Users.....   | 23        |
| Functions of Users in the Organization.....                                   | 24        |
| Add New Users.....  | 25        |
| Edit Existing Users.....  | 30        |
| Remove (Disassociate) Existing Users.....                                     | 32        |
| Step 8: Review of Information .....   | 34        |
| Option One: You Can Sign on Behalf of This Clinic .....                       | 36        |
| Option Two: You Need Someone Else to Sign on Behalf of This Clinic .....      | 38        |
| <b>Appendix A: FAQ.....</b>   | <b>46</b> |
| Which Browser Can Be Used?.....   | 46        |
| When is a Site Renewal Needed?.....   | 46        |
| Who Can File a Site Renewal? .....  | 47        |
| <b>Appendix B: Organization Agreement and Confidentiality Statement .....</b> | <b>48</b> |
| <b>Appendix C: Troubleshooting .....</b>                                      | <b>52</b> |
| <b>Appendix D: Contact Information .....</b>                                  | <b>53</b> |
| ImmTrac2 Site Registrations or Renewals.....                                  | 53        |
| ImmTrac2 InterOperability (Data Exchange).....                                | 53        |
| Texas Vaccines for Children (TVFC).....                                       | 53        |
| Vaccine Allocation and Ordering System (VAOS).....                            | 53        |

# The ImmTrac2 Site Renewal Process through Syntropi

Please read Appendix C: Troubleshooting to avoid common renewal errors that can delay processing.

To begin the ImmTrac2 Site Renewal Process through Syntropi, go to IAMOnline at: <https://iamonline.hhs.state.tx.us/>. Enter your username select the “Next” button.

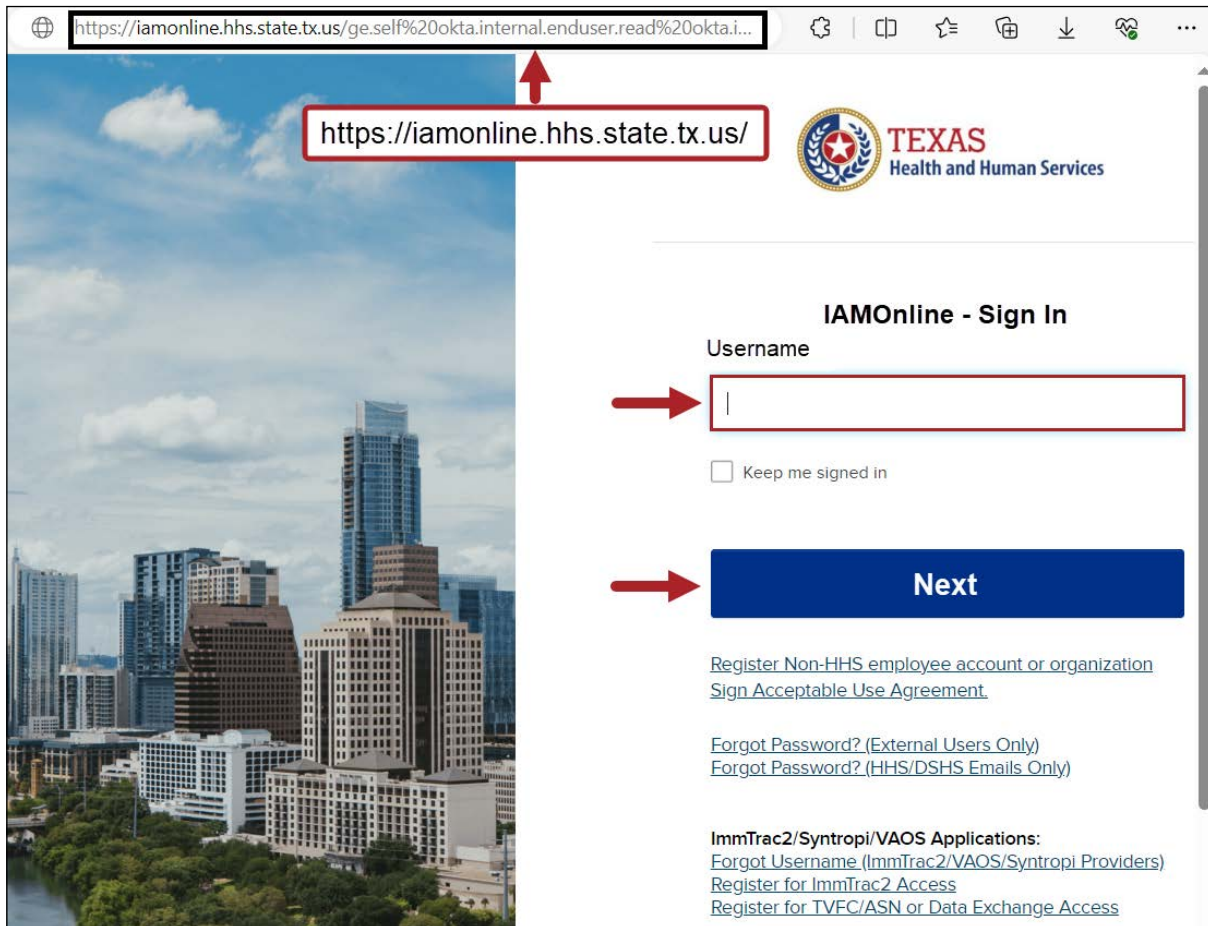


Figure 1: IAMOnline Login

If you have forgotten your password or can't remember your username, there are links to help on the HHS Enterprise Portal Sign In.

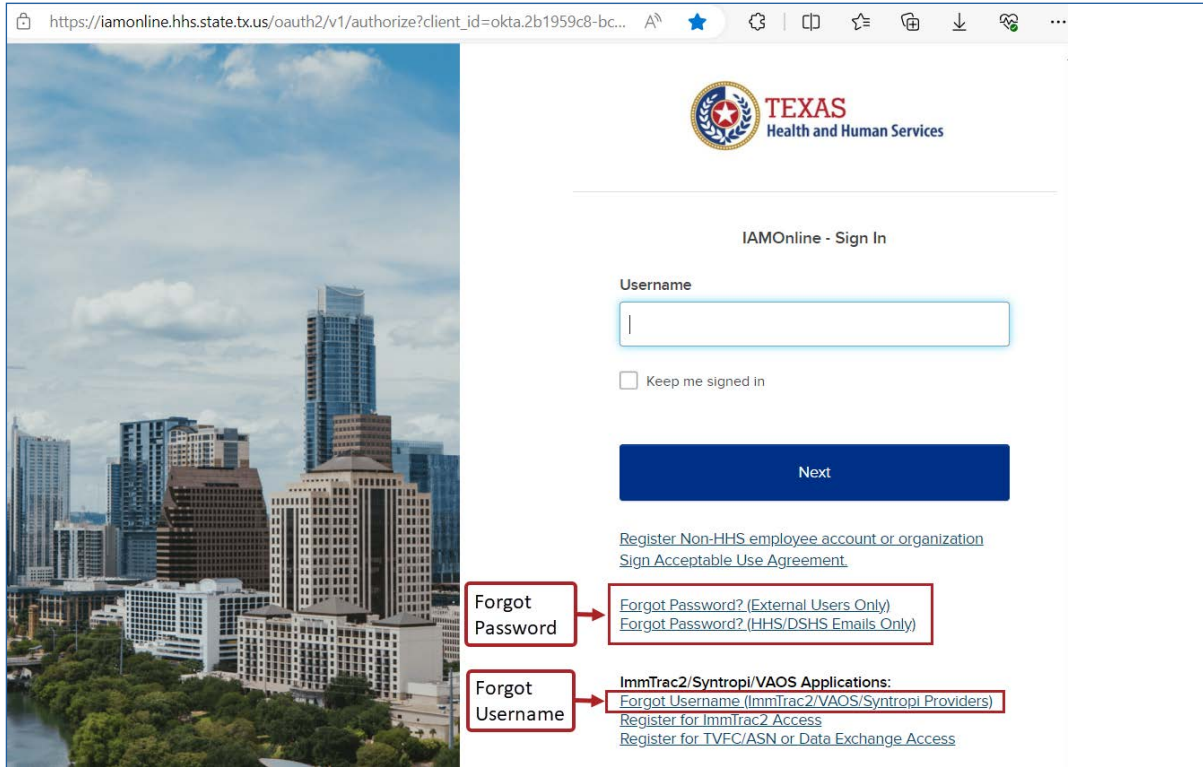


Figure 2: Forgot Username – Forgot Password

When the list of Applications comes up, select “Syntropi – CRC”. 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: My Apps – Syntropi CRC Tile




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.

**Welcome Paul Spock**

Your user profile has been identified as having been granted access to multiple provider sites/groups. Follow the instructions below to access your authorized sites or to accept invitations to access new sites.

### Access Authorized Provider Sites/Groups

Click to select the Provider Site/Group you wish to access from your authorized site list displayed below.

-  **Provider Site- 136 MEDICAL GROUP**  
1740 EISENHOWER AVE  
Fort Worth TX 76127
-  **Provider Site- Texas DSHS**  
1100 W 49TH ST STE T301  
AUSTIN TX 78756
-  **Provider Site- The Google Way**  
1920 E GRIFFIN PKWY # 451  
MISSION TX 78572

### Accept Invitations to Provider Sites

Click to select the Provider Site below and follow the prompts to accept the invitation to access the site.

**None.**

Figure 4: Access Authorized Provider Sites/Groups

If you have not renewed your site in two years you will see this message on Figure 5: Renewal Required. **Note:** This is not an error screen. When you see this message click “Renew Now” to begin the Site Renewal.

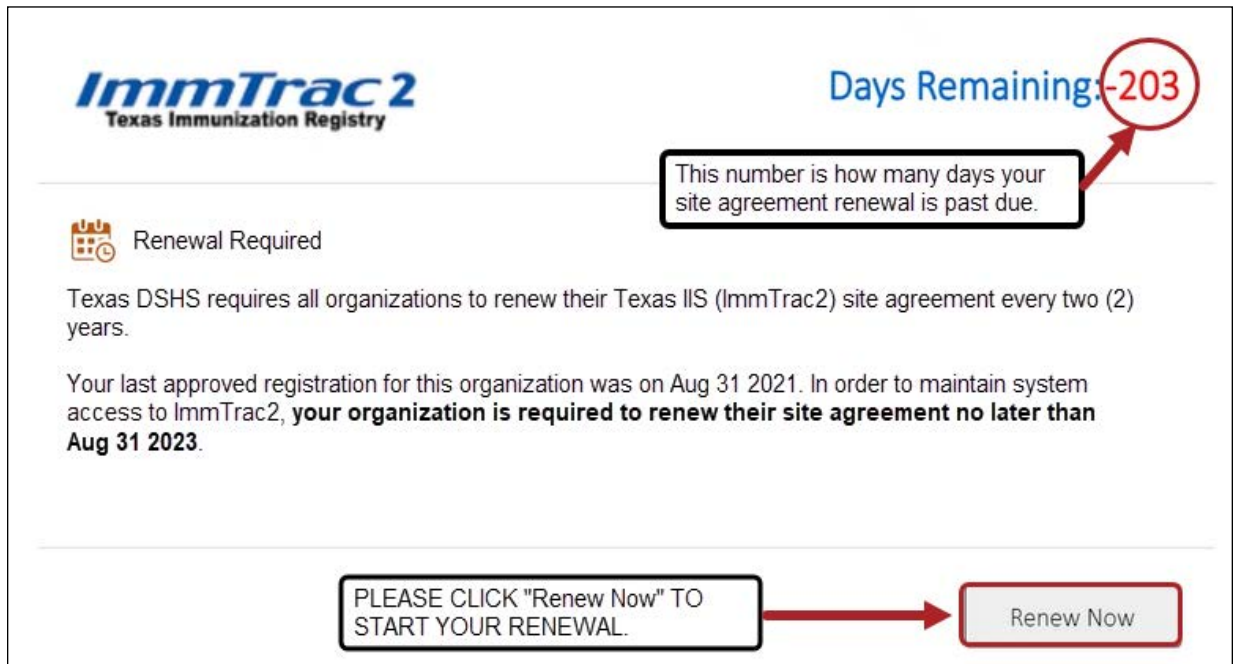


Figure 5: Renewal Required

Next, select the area under the “Renew” label to begin the site renewal.

See Figure 6: 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)
- 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.

|   |   |  |
|---|---|--|
| <b>Facility Information</b><br>Peterson Pediatrics<br>DBA:<br>1234 Gryffindor Rd<br>Mission, TX 78572<br>HIDALGO<br>Phone: (512) 123-4567 | Facility Site Type: Private Practice<br>Facility NPI:<br>Manner of Usage: Enrolled<br>✓ <b>ImmTrac2 Org Code: ABCD1234</b><br>TX IIS ID: 1234567890<br>TVFC/ASN PIN: 123456 | <b>My Profile</b><br>Paul Spock<br>Phone: (512) 123-4567<br>Email: paul.spock@dshs.texas.gov |
|---|---|--|

TX IIS ID → ImmTrac2 Org Code → ImmTrac2 Org Code  
TVFC/ASN PIN

**Get Started . . .** Click below to complete tasks to finish setting up your clinic's account.

|   |  |  |
|---|--|--|
| <p>Peterson Pediatrics <b>ac2</b><br/>Texas Immunization Registry</p> <p>✓ Approved<br/>Approved on: 08/23/2023</p> <p><a href="#">View Agreement</a></p> <p><a href="#">View Archived Agreements</a></p> <p><b>Renew</b></p> <ul style="list-style-type: none"> <li>• Submit Name Change</li> <li>• Submit Change of Address</li> <li>• Designate a new Responsible Medical Professional (RMP)</li> <li>• Designate new POC</li> <li>• Designate new PRC</li> </ul> <p><b>Manage Users</b></p> <ul style="list-style-type: none"> <li>• Add/Remove Users</li> </ul> <p><b>Manage Prescribing Providers</b></p> <ul style="list-style-type: none"> <li>• Update Provider</li> <li>• Add/Remove Providers</li> </ul> | <p><b>Texas Vaccines for Children and Adult Safety Net Program</b></p> <p><b>Enrollment Status</b><br/>         Started On: 06 23 2023<br/>         By: Dusty Rhoades<br/>         Step 8 of 9 Completed<br/>         Last Updated On: 06 23 2023</p> <p><a href="#">Click to Continue VFC Enrollment</a></p> <p><b>To Renew, click in the area under the "Renew" label.</b></p> | <p>The "View Archived Agreements" link lets you view previously approved and archived site agreements for this organization.</p> |
|---|--|--|

**Support Ticket**  
Submit a Support Ticket  
View Ticket Status

Figure 6: Renewal Choices

If you click below the word “Renew” in the left column, you will start the renewal and be asked to confirm that you have the authorization to renew your organization by clicking the “Checkbox” and clicking the “Continue” button. See Figure 7: Confirm Authorization to Review.

**Renewals should be done by the:**

- POC
- PRC or
- 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 7: 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, email 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.

The screenshot shows a web form titled "ImmTrac2 Renewal" with a blue header bar containing the text "Review the information and make updates as needed." The form is divided into several sections with light gray headers:

- Organization Name\***: Input field containing "Peterson Pediatrics".
- Doing Business As**: Empty input field.
- Address 1\***: Input field containing "1920 Sesame Street".
- Suite #**: Empty input field.
- Zip Code\***: Input field containing "78727".
- City\***: Dropdown menu with "Austin" selected.
- County\***: Dropdown menu with "Travis" selected.
- State\***: Dropdown menu with "Texas" selected.
- Phone Number\***: Input fields for "512", "123", "4567", and a separator "x" followed by an empty field.
- Fax**: Three empty input fields.
- Organization Email Address\***: Input field containing "PetesPeds@gmail.com".

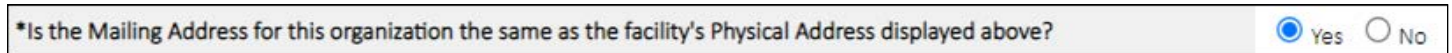
Figure 8: Organization Information

Fields related to the organization include:

1. Organization Name\* (the actual name the organization does business as)
2. Doing Business As (Alternate Clinic Name- An alternate name for the organization)
3. Address One\* (physical address)
4. Suite # (suite number, building number, unit number, office name, etc.)
5. Zip Code\* (standard five-digit zip code)
6. City\* (the physical city that the organization is located in)
7. County\* (the physical county that the organization is located in)
8. State\* (the physical state that the organization is located in)
9. Phone Number\* (standard ten-digit phone number)
10. Fax (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 or No?

A screenshot of a form question. The text reads: "\*Is the Mailing Address for this organization the same as the facility's Physical Address displayed above?". To the right of the text are two radio buttons: "Yes" (which is selected) and "No".

*Figure 9: Mailing Address Question*

## **Multi-Site 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.

A screenshot of a form with two sections. The top section contains the question: "\*Does another organization act as a part of the Parent Organization for the organization you are enrolling?". To the right are radio buttons for "Yes" (selected) and "No". The bottom section contains the label "\*Enter the Parent TX IIS ID:" followed by an empty rectangular input box.

*Figure 10: Parent Organization Questions*

### **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 11: Parent/Child Organization
- Figure 12: Example of a School Parent/Child Organization
- Figure 13: Example of a Hospital Parent/Child Organization

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

- Figure 14: Stand-Alone Site
- Figure 15: Example of a Stand-Alone Site

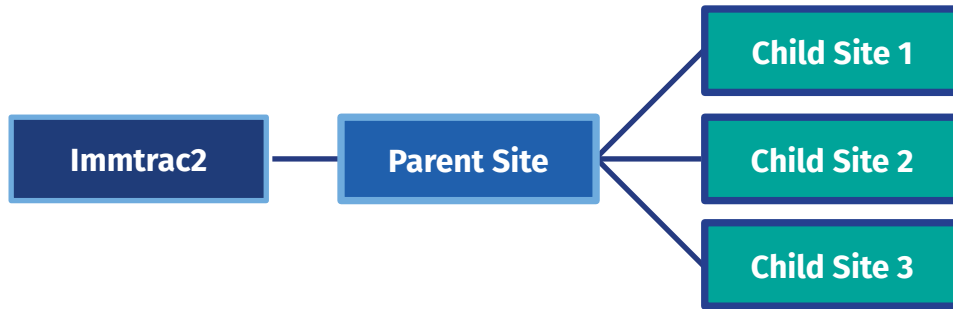


Figure 11: Parent/Child Organization

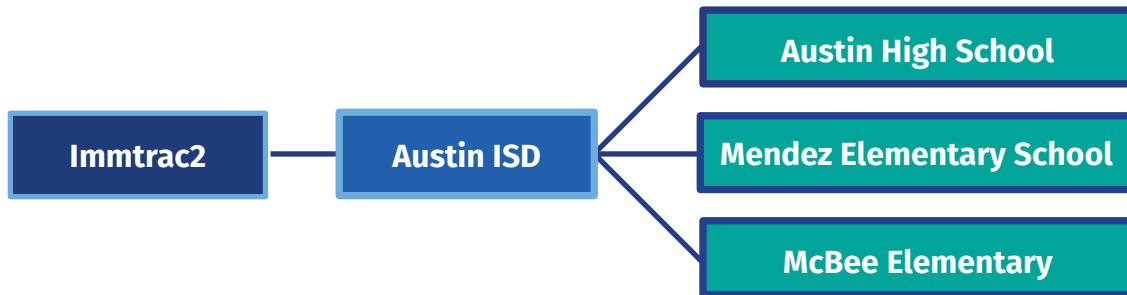


Figure 12: Example of a School Parent/Child Organization

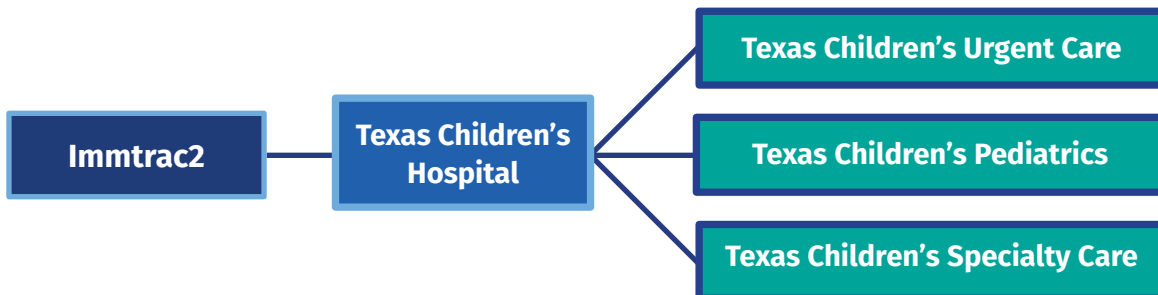


Figure 13: Example of a Hospital Parent/Child Organization



Figure 14: Stand-Alone Site



Figure 15: 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. 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)

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Last Updated 5/30/2024 7:38:52 AM  
36,491

**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) **1** Search by Org Code (All) **2** ...or Search by PIN (All) **3**

...or Search by Organization Name (All) **4**

| TX IIS ID  | Org Code | PIN  | Organization Name  | Hover/Click for Details |
|------------|----------|------|--------------------|-------------------------|
| 12345678   | HOUS1234 | Null | Houston Physicians |                         |
| 2345678000 | DAYN1234 | Null | Day Nursery        |                         |

Figure 16: Find Your Organization in ImmTrac2

Below is an example of searching for organizations having “Austin ISD” in the name of the organization.

**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

Search by Organization Name for "AUSTIN ISD"

These are the Results Returned

Figure 17: Example of Searching by Organization Name for “AUSTIN ISD”

## Step 1B: Clinical Information Questions

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

### Type of Organization Question

\*Select the type of organization that most closely represents your organization type by using the drop-down box.



Clinical Information

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

Private Practice

Figure 18: Type of Organization

### Authorized to Administer Immunizations Question

\*Is this organization authorized by the State of Texas to administer immunizations? Yes or No?



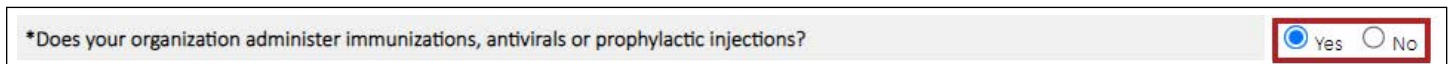
\*Is this organization authorized to administer immunizations?

Yes  No

Figure 19: Authorized to Administer Immunizations Question

### Administering Immunizations Question

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



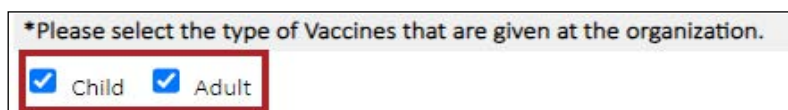
\*Does your organization administer immunizations, antivirals or prophylactic injections?

Yes  No

Figure 20: Administer Immunizations, Antivirals, or Prophylactic Injections Question

### Type of Vaccines Question

\*Please select the type of Vaccines that are given at the organization: Child or Adult.



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

Child  Adult

Figure 21: 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 or No?

\*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 22: TVFC Question

## Continue

Select the Continue button to proceed.

**ImmTrac2 Registration**

Review the information and make updates as needed.

Organization Name\*  Doing Business As

Address 1\*  Suite #

Zip Code\*  City\*  County\*  State\*

Phone Number\*    x  Fax    Organization Email Address\*

\*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 23: 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 such as the POC, PRC, RMP, etc.

The screenshot shows a web form titled "ImmTrac2 Renewal" with a blue header bar. Below the header, a blue instruction bar reads "Review your personal information below and make updates as needed." The form contains several input fields and controls:

- First Name\***: Text box containing "Pete".
- MI**: Text box (empty).
- Last Name\***: Text box containing "Peterson".
- \*Phone**: A group of four text boxes containing "512", "123", "4567", and "x" followed by an empty box. A checkbox labeled "Same As Clinic Phone Number" is unchecked.
- Email Address\***: Text box containing "PetesPeds@gmail.com".
- \*Title**: Text box containing "Medical Doctor".
- \*Is this Person a Nurse?**: Radio buttons for "Yes" (unchecked) and "No" (checked).
- Texas Nursing License Type\***: A dropdown menu.
- Texas Nursing License Number\***: Text box (empty).
- Buttons**: "Continue" and "Cancel". The "Continue" button is highlighted with a red box and a red arrow points to it from the "Texas Nursing License Type" dropdown.

Figure 24: Personal Information

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

### Personal information fields to fill out include:

- First Name\*
- MI (middle initial)
- 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\* and click continue.

## Step 3: Organization Point of Contact

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.

**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 25: Organization POC

The Organization 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 (TVFC) and Adult Safety Net (ASN) program contact and may assign individuals within their organization as Registry and/or TVFC and ASN contacts. This individual may also be the Authorized Signer with the ability to electronically sign the registration/renewal.

Are you the Organization 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 POC's information.

\*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 x 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 26: New Organization POC

If entering a new 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.



# Step 4: Primary Registry Contact

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

**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

Mary Conrany

Figure 27: PRC

**Note:** This is where you can change and edit the 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 PRC is the main POC for ImmTrac2 related matters and client immunization related items. The ImmTrac2 PRC may be the assigned Organization POC and/or TVFC and ASN program contact. These roles may or may not be the same person.

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

Are you the PRC?

- If so, select Yes.
- If not, select No. Please include their name, title, and contact information.

If entering a new 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).

- **Note:** 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

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 28: New PRC

## Step 5: Responsible Medical Provider

The screenshot shows a web form for adding or editing a Responsible Medical Provider (RMP). The form is organized into two columns. The left column contains: Last Name\* (text input), Telephone\* (text input with a small 'x' icon), \*License Type (dropdown menu), \*Texas License # (text input), and Medicaid ID (text input). The right column contains: First Name\* (text input), MI (checkbox), Email\* (text input), Specialty (dropdown menu), and \*Provider's NPI (text input). At the top right, there is a dropdown menu with the text "-- Replace RMP with existing contact on file--" and a "+ Add New" button. At the bottom, there are "Continue" and "Cancel" buttons. Red boxes highlight several input fields and the "Continue" button.

Figure 29: Responsible Medical Provider

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

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

### The format for license numbers are:

- **APRN:** Advanced Practice Registered Nurse- Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It does not require “AP” at the beginning. For example: 1234567.
- **MD:** Medical Doctor- One letter followed by four numbers. For example: N5678.
- **PA:** Physician’s Assistant- “PA” followed by up to seven numbers. For example: PA0012345. If less than seven numbers, put leading zeroes in front of the numbers.
- **NPI:** National Provider Identity Number- Ten numbers. For example: 1234567891.
- **DO:** Doctor of Osteopathy- one letter followed by four numbers. For example: O5678 starting with a letter, such as the letter “O” or “P” etc.
- **NP:** Nurse Practitioner- Up to seven. If there are less than seven, add leading zeroes to the front of the number. It does not require “NP” at the beginning. For example: 1234567.
- **CNM:** Certified Nurse Midwife- Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It is numeric as for example: 1234567.
- **CPM:** Certified Professional Midwife- Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It is numeric as for example: 1234567.
- **PharmD:** Doctor of Pharmacy- Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It is numeric as for example: 1234567.
- **RPh:** Registered Pharmacist- Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It is numeric as for example: 1234567.
- **DPM:** Podiatrist- Up to seven numbers. If there are less than seven, add leading zeroes to the front of the number. It is numeric as for example: 1234567.

## Step 6: Manage Prescribing Providers

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

**Note:** A gold star indicates the RMP. You cannot change the RMP here, that was in Step 5, but you can edit the existing RMP in this step by selecting the gold star.

The gold star in the Edit column indicates this prescribing provider is the current RMP.

See Figure 30: 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 Providers**

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 30: Gold Star

You can edit some of the information about the RMP, but you cannot change who the RMP is in this step.

**Manage Prescribing Providers**

Prescribing Providers

Edit Provider

| Last Name | First Name | MI |
|-----------|------------|----|
| Weeks     | DAVID      |    |

\*Title: MD (Doctor of Medicine) Specialty: Internist

\*Email: BillWeeks@geemail.com \*Confirm Email: BillWeeks@geemail.com

\*Phone: 512 123 4568 x 222 Medicaid ID: [ ]

\*License No: L2345 \*Provider's NPI: 1234567895

Update Cancel

Figure 31: Edit RMP

**Note:** You can edit the Title, Email, Phone, License Number, and Provider’s NPI of the 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.

**Manage Prescribing Providers**

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

Current Provider

| # | 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    |            |            |      |            |

Figure 32: Edit Prescribing Provider

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

**Manage Prescribing Providers**

Prescribing Providers

**Edit Provider**

| Last Name | First Name | MI |
|-----------|------------|----|
| Farmer    | Claudia    |    |

\*Title:  Specialty:

\*Email:  \*Confirm Email:

\*Phone:  Medicaid ID:

\*License No:  \*Provider's NPI:

Figure 33: 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.)

**Manage Prescribing Providers**

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

Current Provider List Upload Provider List

| # | 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    |            |           | ⚙️   | ✖️         |

Continue Cancel

Figure 34: Making a Prescribing Provider Inactive

After selecting the Red "X" to inactivate a Prescribing Provider, a message is displayed asking, "Are you sure you want to mark this Provider as Inactive?" Select the OK button if you are sure.

www.iv5uatcair2.com says

Are you sure you want to mark this Provider as Inactive?

OK Cancel

Figure 35: Mark This Provider as Inactive

## Add New Provider

Select the Add Provider button to add new Prescribing Providers.

**Note:** The Upload Provider List button is a future enhancement.

**Manage Prescribing Providers**

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

**Current 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 36: 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 37: 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 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.
- Remove current users.

### Special notes:

**POC** - Can be changed and edited in Step 3: Organization Point of Contact 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** - Can be changed and edited in covered earlier in Step 4: Primary Registry Contact, but can only be edited in this screen. You will not see a blue gear (edit) for the PRC in this screen.

**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** 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<br>(512) 123-4567                  |                                     |     |                                     |                        |                       |                    |                 |      |    |       | ap6974pi<br>Active    |      |   |
| 2. | ARTEST DEVELOPER<br>avlaraj@yahoo.com<br>(555) 555-5555  |                                     |     |                                     |                        |                       |                    |                 |      |    |       | ar1234la<br>Active    |      |   |
| 3. | Jeffrey Dunn<br>JeffDunnI@geeemail.com<br>(512) 123-4567 | <input checked="" type="checkbox"/> |     |                                     |                        |                       |                    |                 |      |    |       | je4567du<br>Active    |      |   |
| 4. | Jerry Peterson<br>Jerry@geeemail.com<br>(512) 123-5678   |                                     |     |                                     |                        |                       |                    |                 |      |    |       | 00000123456<br>Active |      |   |
| 5. | Joe Poncho<br>Nun@urbiz.net<br>(512) 455-6533            |                                     |     | <input checked="" type="checkbox"/> |                        |                       |                    |                 |      |    |       | jo2358po<br>Active    |      |   |
| 6. | John Welch<br>JohnJohn@geeemail.com<br>(512) 123-9876    |                                     |     |                                     |                        |                       |                    |                 |      |    |       | 00000246813<br>Active |      |   |
| 7. | MARY Contrary<br>MaryC@geeemail.com<br>(512) 234-5678    |                                     |     | <input checked="" type="checkbox"/> |                        |                       |                    |                 |      |    |       | ma1234co<br>Active    |      |   |

Figure 38: Review ImmTrac2 Users Table

## Functions of Users in the Organization

- 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 TVFC and ASN 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 **Primary Registry Contact (PRC)** is the main point of contact for ImmTrac2 related matters and client immunization related items. The ImmTrac2 PRC may be the assigned Organization POC and/or TVFC/ASN contact. These roles may or may not be the same person.
- The **Responsible Medical Professional (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 the TVFC 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.
- 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.

**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 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<br>(512) 123-4567                  |     |                                     |     |                                     |                       |                    |                 |      |    |       | ap6974pi<br>Active    |      |   |
| 2. | ARTEST DEVELOPER<br>avlaraj@yahoo.com<br>(555) 555-5555  |     |                                     |     |                                     |                       |                    |                 |      |    |       | ar1234la<br>Active    |      |   |
| 3. | Jeffrey Dunn<br>JeffDunIt@geeemail.com<br>(512) 123-4567 |     | <input checked="" type="checkbox"/> |     |                                     |                       |                    |                 |      |    |       | je4567du<br>Active    |      |   |
| 4. | Jerry Peterson<br>Jerry@geeemail.com<br>(512) 123-5678   |     |                                     |     |                                     |                       |                    |                 |      |    |       | 00000123456<br>Active |      |   |
| 5. | Joe Poncho<br>Nun@urbiz.net<br>(512) 455-6533            |     |                                     |     | <input checked="" type="checkbox"/> |                       |                    |                 |      |    |       | jo2358po<br>Active    |      |   |
| 6. | John Welch<br>JohnJohn@geeemail.com<br>(512) 123-9876    |     |                                     |     |                                     |                       |                    |                 |      |    |       | 00000246813<br>Active |      |   |
| 7. | MARY Contrary<br>MaryC@geeemail.com<br>(512) 234-5678    |     | <input checked="" type="checkbox"/> |     |                                     |                       |                    |                 |      |    |       | ma1234co<br>Active    |      |   |

Figure 39: 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 40: 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 two, paragraph “M” states that organizations and individuals accessing ImmTrac2 agree to provide unique email 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>                          |
| <input type="text" value="jiminy.crickett@gmail.com"/> | <input type="text" value="jiminy.crickett@gmail.com"/> |

Figure 40: 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.

**Note:** All email addresses must be unique to each user.

The screenshot shows the 'Add New User' dialog in the ImmTrac2 User Management system. A red box highlights a message: 'There was one (1) match found for the email address entered for ImmTrac2 user. Name: Jiminy Cricket'. A red arrow points to the name 'Jiminy Cricket'. Below this, a table lists organizations associated with the user. At the bottom, there are 'Confirm' and 'Cancel' buttons, both also highlighted with red boxes.

**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<br>MISSION, 75752, TX, HIDALGO |
| 2. | DSHS     | Texas DSHS          | 1100 W 49TH ST<br>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 41: 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.

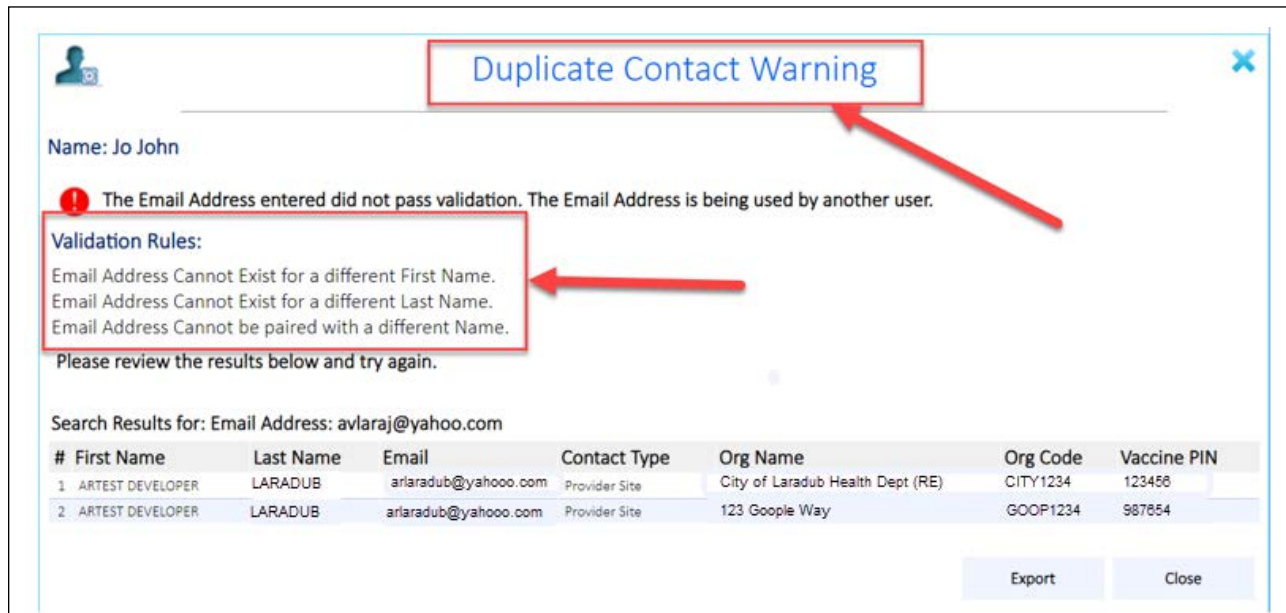


Figure 42: Duplicate Contact Warning

If there is a problem with the email address such as a typo, you will receive this message. Double-check the email you are entering.

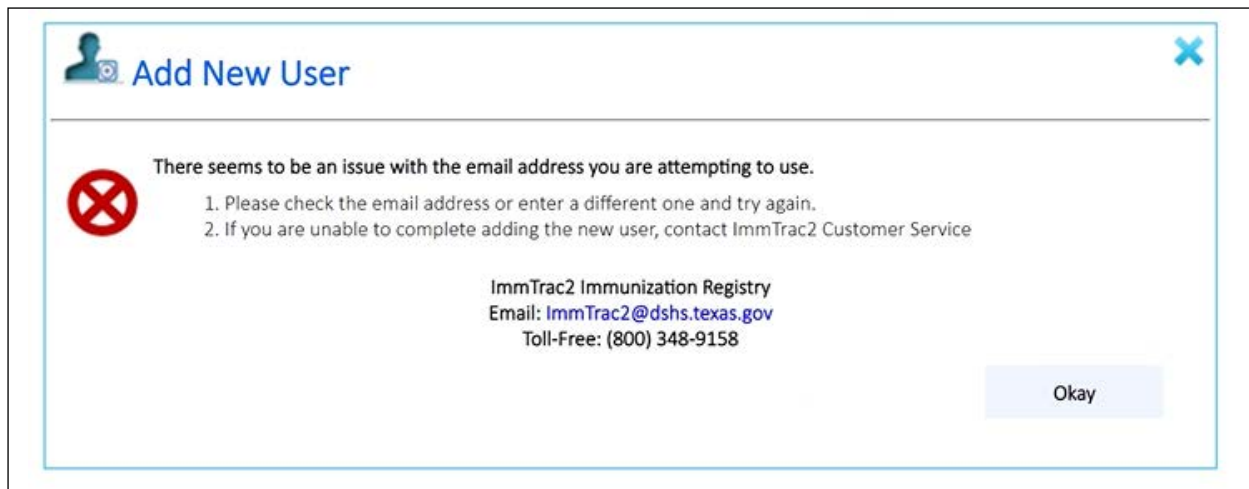


Figure 43: Issue with Email Address

If no matches were found on the email address in ImmTrac2, you must fill in details about the new user to continue and select Save.

**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 44: Add Details of New User

The user is 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<br>jiminy@geemail.com<br>(512) 123-4567 |     |     |     |                                     |                       |                    |                    |      |    |       | ji8443cr<br>Active |      |   |
| 7. | Joe Poncho<br>Nun@urbiz.net<br>(512) 455-6533          |     |     |     | <input checked="" type="checkbox"/> |                       |                    |                    |      |    |       | jo2358po<br>Active |      |   |

Figure 45: 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 46: Edit Icon and Figure 47: Edit User.

If you want to:

- Edit the Organization POC, go back to Step 3: Organization Point of Contact
- Edit the PRC, go back to Step 4: Primary Registry Contact
- Edit the RMP, go back to Step 5: Responsible Medical Provider

If you want to edit a User and they are not listed earlier as a POC, PRC, or RMP, then you would edit them in this section as an existing user. To edit an existing user, click the blue gear icon.



Figure 46: 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<br>(512) 123-4567                    |                                     |                                     |     |                                     |                       |                    |                 |      |    |       | ap6974pi<br>Active    |      |   |
| 2. | ARTEST DEVELOPER I<br>avilaraj@yahoo.com<br>(555) 555-5555 |                                     |                                     |     |                                     |                       |                    |                 |      |    |       | ar1234la<br>Active    |      |   |
| 3. | Jeffrey Dunn<br>JeffDunlt@geeemail.com<br>(512) 123-4567   | <input checked="" type="checkbox"/> |                                     |     |                                     |                       |                    |                 |      |    |       | je4567du<br>Active    |      |   |
| 4. | Jerry Peterson<br>Jerry@geeemail.com<br>(512) 123-5678     |                                     |                                     |     |                                     |                       |                    |                 |      |    |       | 00000123456<br>Active |      |   |
| 5. | Joe Poncho<br>Nun@urbiz.net<br>(512) 455-6533              |                                     |                                     |     | <input checked="" type="checkbox"/> |                       |                    |                 |      |    |       | jo2358po<br>Active    |      |   |
| 6. | John Welch<br>JohnJohn@geeemail.com<br>(512) 123-9876      |                                     |                                     |     |                                     |                       |                    |                 |      |    |       | 00000246813<br>Active |      |   |
| 7. | MAry Contrary<br>MaryC@geeemail.com<br>(512) 234-5678      |                                     | <input checked="" type="checkbox"/> |     |                                     |                       |                    |                 |      |    |       | ma1234co<br>Active    |      |   |

Figure 47: Edit User

Select the Edit (blue gear) icon of the user that you want to edit.

## 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><br>applepie@geemail.com<br>(512) 123-4567      | <input checked="" type="checkbox"/> |     |     |                        |                       |                                     |                                     |      |    |       | ap6974pi<br>Active |      |   |
| 2. | <b>ARTEST DEVELOPER</b><br>avlaraj@yahoo.com<br>(555) 555-5555  |                                     |     |     |                        |                       |                                     |                                     |      |    |       | ar1234la<br>Active |      |   |
| 3. | <b>William Weeks</b><br>wildbill@geemail.com<br>(512) 123-4567  |                                     |     |     |                        |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |    |       |                    |      |   |
| 4. | <b>George Crickett</b><br>George2@geemail.com<br>(512) 123-4567 |                                     |     |     |                        |                       |                                     |                                     |      |    |       |                    |      |   |

*Note: A red arrow points to the gear icon in the 'Edit' column for George Crickett, which is also highlighted with a red box.*

Figure 48: 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. Submitting this ticket creates a ticket for Customer Service.

### 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\*** **Issue Description\***  
Account Update **Add/Edit User**

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

\* Required

Close Submit

*Note: Red boxes highlight the 'Issue Title', 'Issue Category', 'Issue Description', 'Detailed Information', and 'Submit' fields. A red arrow points to the 'Submit' button.*

Figure 49: 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.



Figure 50: 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. | <b>Apple Pie</b><br>ApplePie@geemail.com<br>(512) 123-4567       |                                     |                                     |     |                                     |                       |                    |                 |      |    |       | ap6974pi<br>Active    |      |   |
| 2. | <b>ARTEST DEVELOPER I</b><br>avlaraj@yahoo.com<br>(555) 555-5555 |                                     |                                     |     |                                     |                       |                    |                 |      |    |       | ar1234la<br>Active    |      |   |
| 3. | <b>Jeffrey Dunn</b><br>JeffDunt@geemail.com<br>(512) 123-4567    | <input checked="" type="checkbox"/> |                                     |     |                                     |                       |                    |                 |      |    |       | je4567du<br>Active    |      |   |
| 4. | <b>Jerry Peterson</b><br>Jerry@geemail.com<br>(512) 123-5678     |                                     |                                     |     |                                     |                       |                    |                 |      |    |       | 00000123456<br>Active |      |   |
| 5. | <b>Joe Poncho</b><br>Nun@urbiz.net<br>(512) 455-6533             |                                     |                                     |     | <input checked="" type="checkbox"/> |                       |                    |                 |      |    |       | jo2358po<br>Active    |      |   |
| 6. | <b>John Welch</b><br>JohnJohn@geemail.com<br>(512) 123-9876      |                                     |                                     |     |                                     |                       |                    |                 |      |    |       | 00000246813<br>Active |      |   |
| 7. | <b>Mary Contrary</b><br>MaryC@geemail.com<br>(512) 234-5678      |                                     | <input checked="" type="checkbox"/> |     |                                     |                       |                    |                 |      |    |       | ma1234co<br>Active    |      |   |

**Remove Users** (indicated by a red box and arrow pointing to the 'X' icons in the table)

Figure 51: Remove Users



Below is an example of selecting a red "X" to remove a 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><br>applepie@geemail.com<br>(512) 123-4567      | <input checked="" type="checkbox"/> |     |     |                        |                       |                                     |                                     |      |    |       | ap6974pi<br>Active |      |   |
| 2. | <b>ARTEST DEVELOPER</b><br>avlaraj@yahoo.com<br>(555) 555-5555  |                                     |     |     |                        |                       |                                     |                                     |      |    |       | ar1234la<br>Active |      |   |
| 3. | <b>William Weeks</b><br>wildbill@geemail.com<br>(512) 123-4567  |                                     |     |     |                        |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |    |       |                    |      |   |
| 4. | <b>George Crickett</b><br>George2@geemail.com<br>(512) 123-4567 |                                     |     |     |                        |                       |                                     |                                     |      |    |       |                    |      |   |

Figure 52: Select Red "X" to Remove User

Select the Continue button to remove the 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 53: 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 54: Review of Site Renewal, Part One and Figure 55: Review of Site Renewal, Part Two.

### The summary will display:

- Your information
- Organization information
- Contacts
- RMP

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 55: Review of Site Renewal, Part Two.

### 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 54: Review of Site Renewal, Part 1

## Contacts

---

**Organization Point of Contact (POC):** Apple Pie

**Email Address:** Al@PaulsPeds.com

**Phone Number:** (512) 234-5678

**Primary Registry Contact:** MAry Q. Conrary

**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:**



*Figure 55: Review of Site Renewal, Part 2*

After reviewing the summary, you choose to either sign the renewal yourself or send it to someone else to sign. See Figure 56: Sign or Send to Someone Else to Sign.

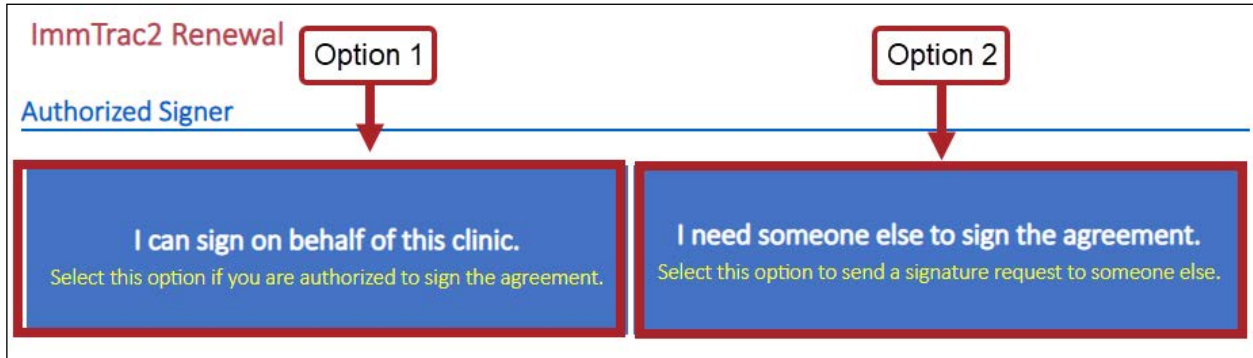


Figure 56: Sign or Send to Someone Else to Sign

### **Option One: 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 57: You Can Sign.

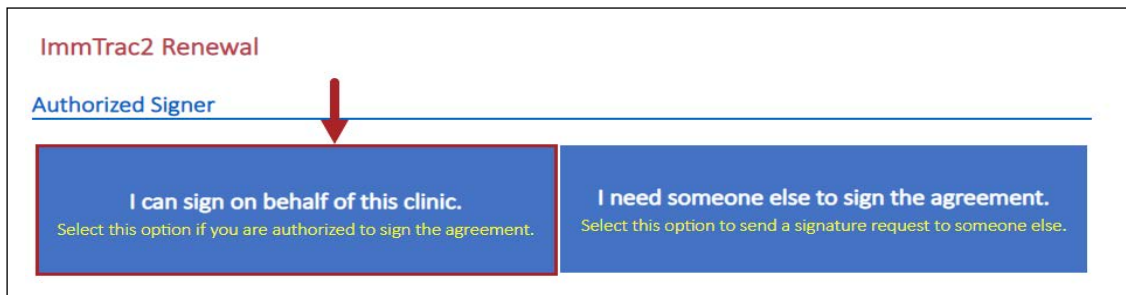


Figure 57: You Can Sign

Finally, select the Sign and Submit Site Agreement button.

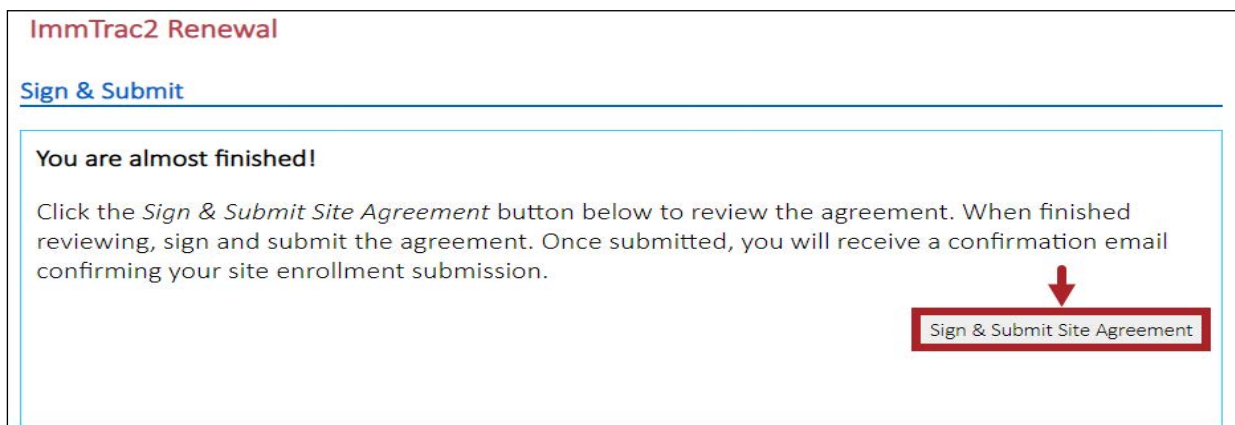


Figure 58: Sign and Submit

### **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.

**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

Figure 59: 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”.

**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.

Figure 60: Electronic Signature Agreement

You may select Print to print the Organization Agreement and Confidentiality Statement, then select the Close button.

**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

Figure 61: Submit Electronic Signature

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

## Option Two: 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 62: 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”.
- 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* |
|-------------|----|------------|--|
| Claudia     |    | Farmer     | 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.

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.

**\*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: I Need Someone Else to Sign the Agreement

If you selected to send the site agreement to the Responsible Medical Professional to sign, check that the correct Responsible Medical Provider is listed and select the “Send for Signature” button.

|  |  |
|--|--|
| <p><b>I can sign on behalf of this clinic.</b><br/>Select this option if you are authorized to sign the agreement.</p> | <p><b>I need someone else to sign the agreement.</b><br/>Select this option to send a signature request to someone else.</p> |
|--|--|

**\*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* |
|----------------------|----------------------|----------------------|--|
| <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.

**Send for Signature**

Figure 63: Send Agreement to Responsible Medical Professional

If you want to send the site agreement to someone other than the Responsible Medical Professional to sign, select the second bullet for that choice, "I want to send it to someone else". See Figure 64: 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 RMP.

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

I want to send it to someone else.

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

| First Name* | MI | Last Name* | E  |
|-------------|----|------------|----|
| Claudia     |    | Farmer     | cl |

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

Apple Pie  
ARTEST DEVELOPER LARA  
David Weeks  
George Crickett  
Jeffrey Dunn  
Jerry Peterson  
Jerry Peterson  
Jerry Peterson  
Jerry Peterson  
Paul Stone  
Joe Poncho  
John Welch  
Mary Contrary  
Matthew Davis  
Paul Spock  
Steven Dubnansky

2. "Add New" link

1. Pick List drop-down arrow

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.

Paul Stone

Paul Stone@geemail

Send for Signature

Figure 64: 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.



**Subject: Texas DSHS Immunization Unit - ImmTrac2 Registration: Your action is needed.**

Hello Paul Stone,

You have been identified by Paul Stone as the authorized individual from 123 Google Way to sign on behalf of the organization to participate in the Texas ImmTrac2 immunization registry.

Paul Stone has completed the required enrollment forms, and they are now ready for your signature.

**Instructions for electronic signature.**

1. Click or copy / paste the link to the right in your web browser.

Link

<https://www.iv5uatcair2.com/SyntropiTXUAT/CRC/Site/signSiteAgreement.asp>

2. Copy this signature code **96991E3DE4** and paste it in the Signature Code field provided.
3. Review the enrollment form.
4. Apply your electronic Signature.

Signature Code

{additional-content}

After you have completed signing, you and Paul Stone will receive a confirmation email. Once signed, your ImmTrac2 enrollment request will be reviewed by the Texas DSHS Immunization Unit prior to approval.

If you have any questions, please contact the ImmTrac2 Customer Support Team.

Thank you,

**The ImmTrac2 Customer Support Team**

Ph: (800) 348-9158

[ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov)

Figure 65: 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”.

The screenshot shows the 'IIS Electronic Signature Portal' interface. At the top, there is a navigation bar with 'Home', 'Register', and 'Contact Us' links. Below the navigation bar, the title 'IIS Electronic Signature Portal' is displayed in red. Underneath, there are instructions for electronic signature: '1. Enter your signature code in the Signature Code field.', '2. Review the enrollment form.', and '3. Apply your electronic signature.'. A form field labeled '\*Enter the Signature Code from your Request to Signature email:.' contains the code '96991E3DE4'. To the right of this field is a 'Validate Code' button. Below the form field and button, there is a box containing a welcome message: 'Welcome Paul Stone' and 'You have been identified as the authorized individual from to sign site enrollment agreement for the below site.' followed by the address: '123 Google Way (Organization Code: GOOG0001)', '1920 E Griffin Pkwy, 451', 'Mission, TX, 78572', and 'Hidalgo'. At the bottom of this box, there are two buttons: 'Continue' and 'Cancel'. Red arrows point to the 'Validate Code' button and the 'Continue' button.

Figure 66: Electronic Signature Portal

Then select the “Sign and Submit Site Agreement” button.

The screenshot shows the 'IIS Electronic Signature Portal' interface. At the top, there is a navigation bar with 'Home', 'Register', and 'Contact Us' links. Below the navigation bar, the title 'IIS Electronic Signature Portal' is displayed in red. Underneath, there is a welcome message: 'Welcome Paul Stone'. Below the welcome message, there is a button labeled 'Sign & Submit Site Agreement'. A red arrow points to this button, and a mouse cursor is visible over it.


Figure 67: Sign and Submit Site Agreement

You have the option of reading and printing the summary of your ImmTrac2 Site Registration.

PRINT

## ImmTrac2 Registration

### Texas Immunization Registry



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

---

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

**Organization Information**

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

**Facility's Physical Address**

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

**Facility's Mailing Address**

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

**Clinical Information**

|  |   |        |
|--|---|--------|
| Organization Type: Private Practice  | DFPS Lic.:  | TDI #: |
| Is this organization authorized to administer immunizations?               | Yes   |        |
| Does this organization administer immunization or prophylactic injections? | Yes   |        |
| Type of vaccines given at this organization:                               | <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Adult |        |

**Organization Contacts- Point of Contact (POC)**

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

**Primary Registry Contact (PRC)**

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


**Responsible Medical Professional (RMP)**

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

Figure 68: Summary of ImmTrac2 Site Registration

## Sign And Submit Site Agreement

On the next page, select Sign and Submit Site Agreement.



**IIS Enrollment Agreement**

Authorized Signer

**You are almost finished!**

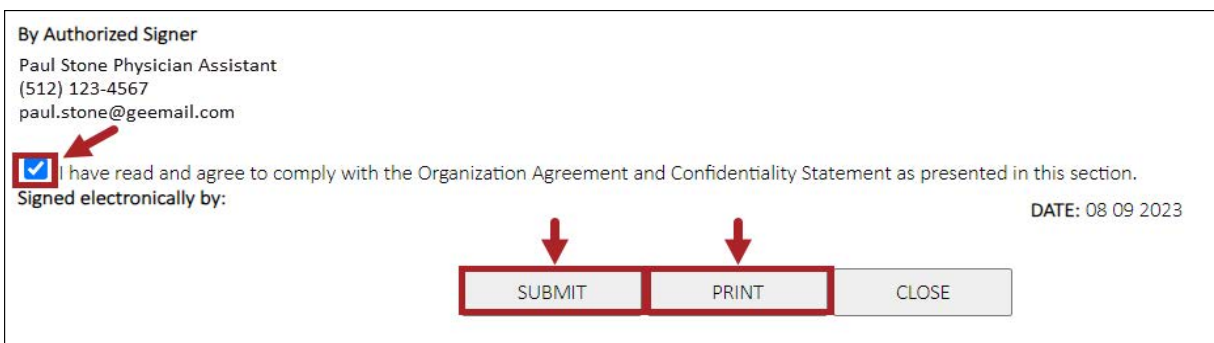
Click the *Sign & Submit Site Agreement* button below to review the agreement. When finished reviewing, sign and submit the agreement. Once submitted, you will receive a confirmation email confirming your site enrollment submission.

Sign & Submit Site Agreement

Figure 69: Sign and 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.



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 70: 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".

**Note:** Close will take you back to the main landing page.



*Figure 71: Electronic Signature Agreement*

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

# Appendix A: FAQ

## Which Browser Can Be Used?

Our recommended browser is Google Chrome. Microsoft Edge can work as a backup browser. We no longer support Internet Explorer.



Figure 72: 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 POC or 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 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.

## Who Can File a Site Renewal?

- The POC, PRC, and the 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 at the facility, 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 8:00 a.m. to 4:30 p.m. CST by emailing [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 five years after the event has been declared over unless consent to further retain information permanently is obtained) - all consistent with Texas Health and Safety Code Chapter 161.
- Registry information privacy in accordance with state and federal law, and DSHS policy.



C. Adhere to DSHS ImmTrac2 security and customer support access policies and procedures as follows:

- Assign each individual user a unique username. ImmTrac2 support staff members will remind organizations that usernames for ImmTrac2 web access cannot be shared.
- Disable new user accounts which are not used within 30 days of creation.
- Delete new user accounts which are not used within 120 days of creation.
- Auto-lock accounts with previous activity which are inactive for more than 90 days.
- ImmTrac2 will handle all out-of-state access requests on a case by case basis.

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

**2. Organizations/individuals accessing ImmTrac2 agree to:**

A. Access information in ImmTrac2 only for purposes allowed by Texas Health and 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 and Safety Code Section 161.009. DSHS Rule 100.5(e)(2) allows access for these entities, subject to the stated limitations:

- (a) a Texas public health district or a Texas local health department, for public health purposes within their areas of jurisdiction, (b) a physician or any health care provider licensed (or otherwise legally authorized) to administer vaccines in Texas, for treating the child as a patient, (c) a Texas school or Texas childcare facility, for a child enrolled in that school or childcare facility, (d) 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 (e) a state agency having legal custody of a child.

B. Offer all parents, managing conservators or legal guardians for children, who receive immunizations at the Organization, the opportunity to consent to enter the child's immunization information into ImmTrac2, if the child does not already participate in ImmTrac2. Affirm consent was granted to DSHS, according to the procedures specified by DSHS. Print, sign and release to the parent, legal guardian or managing conservator, the immunization history report of a child, less than 18 years of age, when requested.

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

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

- E. With the appropriate consent and affirmation of consent within ImmTrac2, enter the person's present and future immunization data into ImmTrac2.
- F. Instruct organization personnel on the confidentiality of information in ImmTrac2. See Texas Health and 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 email addresses for each individual who is assigned an ImmTrac2 username.
- N. Participate in ImmTrac2 training when required, applicable and appropriate. Special privilege users not part of Texas DSHS, specifically users with Provider Supervisor Roles at registered organizations are required to take the "Provider Supervisor Role" training on a yearly basis, or possibly sooner depending on date of enrollment.

### 3. Confidentiality Statement

- A. I agree to provide copies of this confidentiality statement to all organization staff accessing ImmTrac2 for their review, and direct them to ImmTrac2 online training materials located within the Texas Vaccine Education Online - Immunization Branch website: <http://www.vaccineeducationonline.org/login/index.php> and also the ImmTrac2 Instruction Manual located in the help section within the ImmTrac2 web application. Registered organizations are required to have their organization's listed authorized users to review the ImmTrac2 training materials at least every two years.
- B. I agree to be held responsible for my organization's user information recorded within ImmTrac2 and will report high-risk users associated within my organization directly to ImmTrac2 Customer Support.
- C. I agree to update user changes including name, email 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 and 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 and Safety Code Sec. 161.009), including negligently using information in the immunization registry to solicit new patients or clients.
- E. I acknowledge that any unauthorized disclosure of Registry information will result in my losing the ability to access ImmTrac2.
- F. I agree to protect the ImmTrac2 username and password from unauthorized users.
- G. I verify that I am an authorized ImmTrac2 Registry user and will only use the ImmTrac2 username assigned by DSHS.
- H. I have read and agree to the terms on this ImmTrac2 Organization Agreement and Confidentiality Statement.

Authorized Signer

\*Select one:

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

# Appendix C: Troubleshooting

All organizations that are renewing with the Texas Immunization Registry can assist in the renewal by:

- Filling out all fields that have an asterisk; those fields are required.
- Making sure that no users are listed more than once as users.
- Checking that no one has multiple accounts by using multiple email addresses.
- Making sure that first and last names of all users are spelled correctly.
- Including the titles of each individual user. For example, LVN, RN, MD, MA, Office Manager, DO, or POC.
- Checking that all phone numbers and email addresses are correct.
- Opening up each user to check completeness.
- If you are sending the renewal to someone else to sign, be sure to notify that person to look for the email requesting their signature.

These common renewal errors can delay processing.

# Appendix D: 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 four

## ImmTrac2 InterOperability (Data Exchange)

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

Phone: 800-348-9158, option three

## TVFC

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

Phone: 888-777-5320

## VAOS

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

Phone: 833-832-7068

