



TEXAS
Health and Human
Services

Texas Department of State
Health Services

ImmTrac2 Site Renewal Through Syntropi

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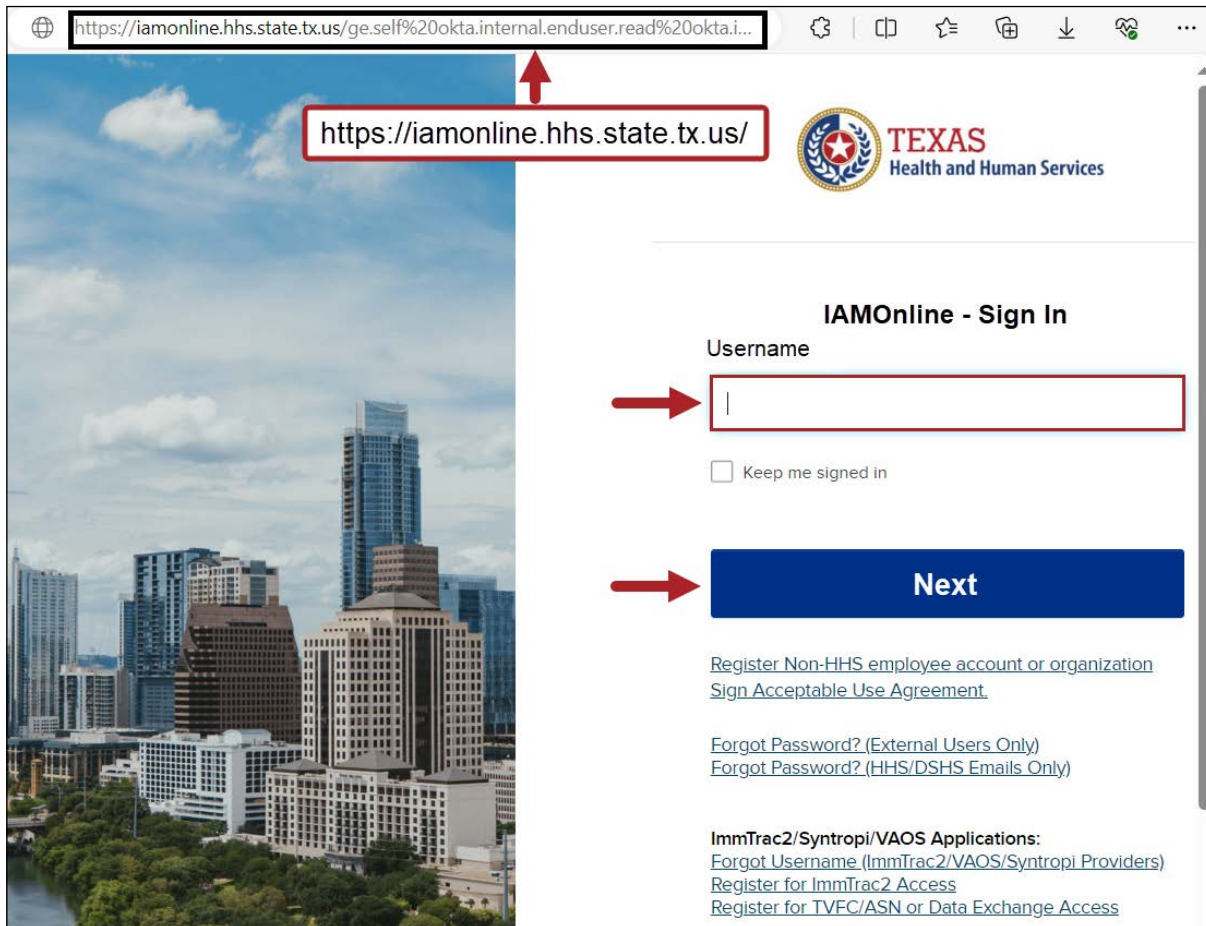
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The ImmTrac2 Site Renewal Process through Syntropi

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.



The screenshot shows the IAMOnline Sign In page. The browser's address bar contains a URL that is partially obscured by a red box containing the text `https://iamonline.hhs.state.tx.us/`. A red arrow points from this box to the address bar. Below the address bar, the Texas Health and Human Services logo is visible. The main heading is "IAMOnline - Sign In". Below this, the "Username" label is followed by a text input field. A red arrow points to this input field. Below the input field is a checkbox labeled "Keep me signed in". Below the checkbox is a large blue button labeled "Next". A red arrow points to this button. Below the "Next" button are several links: "Register Non-HHS employee account or organization", "Sign Acceptable Use Agreement", "Forgot Password? (External Users Only)", "Forgot Password? (HHS/DSHS Emails Only)", "ImmTrac2/Syntropi/VAOS Applications:", "Forgot Username (ImmTrac2/VAOS/Syntropi Providers)", "Register for ImmTrac2 Access", and "Register for TVFC/ASN or Data Exchange Access".

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.

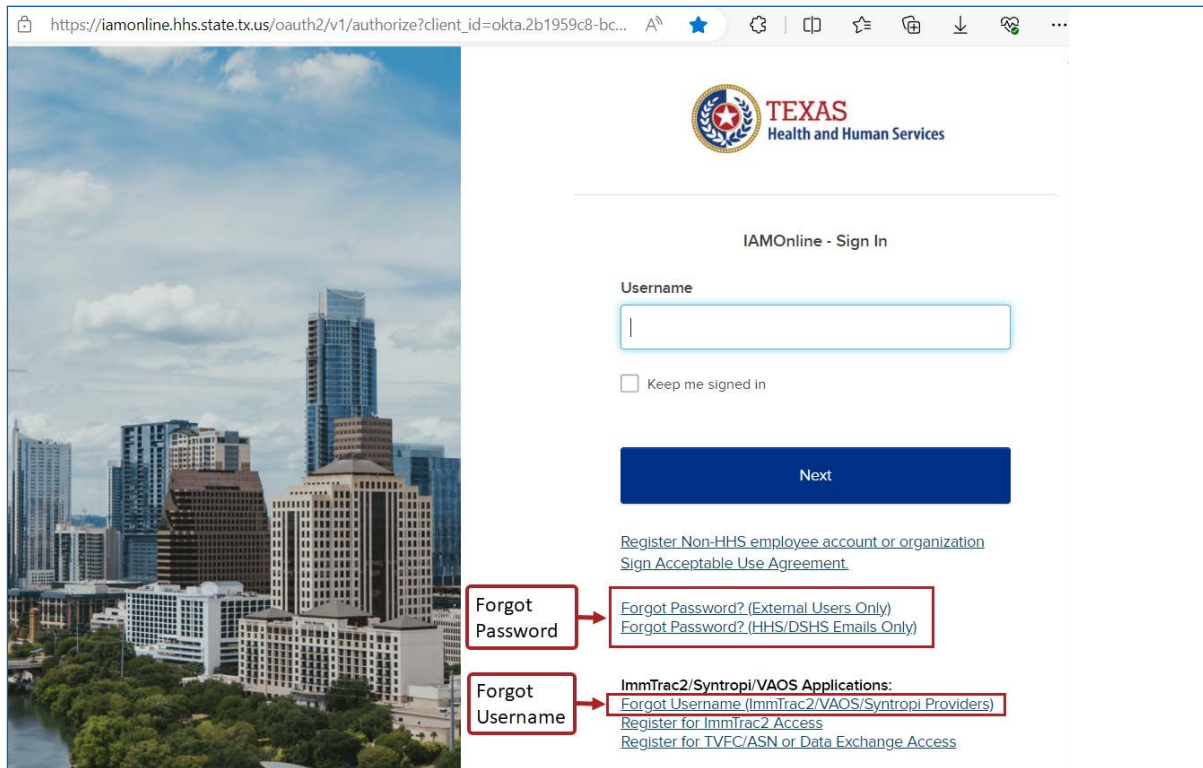


Figure 2: Forgot Username – Forgot Password

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.

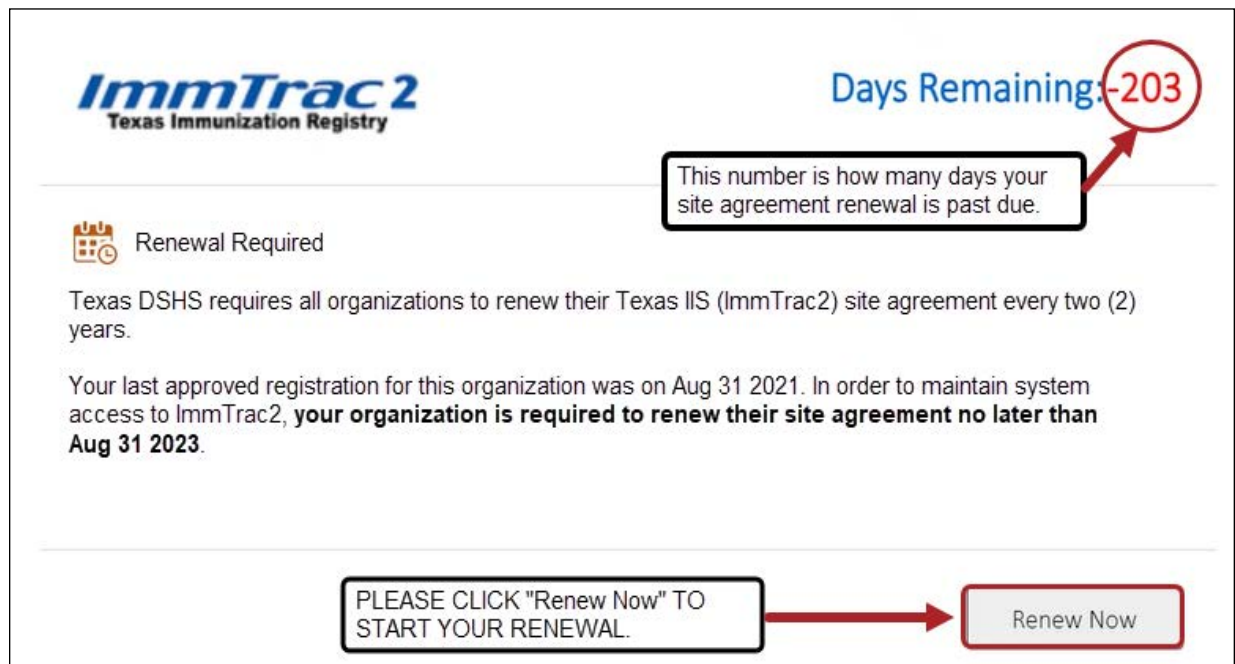


Figure 5: Renewal Required

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.

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

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

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

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

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 sub-header "Review the information and make updates as needed." The form is divided into several sections with labels in bold. The "Organization Name*" section contains a text box with "Peterson Pediatrics". The "Doing Business As" section contains an empty text box. The "Address 1*" section contains a text box with "1920 Sesame Street". The "Suite #" section contains an empty text box. The "Zip Code*" section contains a text box with "78727". The "City*" section contains a dropdown menu with "Austin" selected. The "County*" section contains a dropdown menu with "Travis" selected. The "State*" section contains a dropdown menu with "Texas" selected. The "Phone Number*" section contains four text boxes: "512", "123", "4567", and an empty box with an "x" separator. The "Fax" section contains three empty text boxes. The "Organization Email Address*" section contains a text box with "PetesPeds@gmail.com".

Organization Name*		Doing Business As					
Peterson Pediatrics							
Address 1*		Suite #					
1920 Sesame Street							
Zip Code*	City*	County*	State*				
78727	Austin	Travis	Texas				
Phone Number*		Fax		Organization Email Address*			
512	123	4567	x				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?

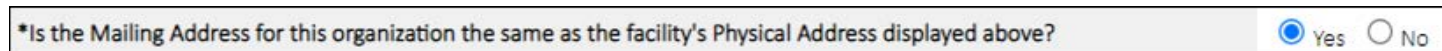
A screenshot of a form with a single question: "*Is the Mailing Address for this organization the same as the facility's Physical Address displayed above?". To the right of the question are two radio buttons labeled "Yes" and "No". The "Yes" radio button is selected, indicated by a blue dot.

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 "Yes" and "No" radio buttons, with "Yes" selected. 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

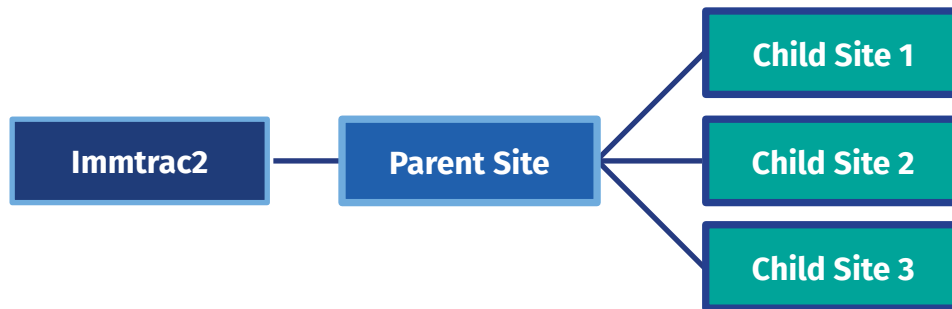


Figure 11: Parent/Child Organization

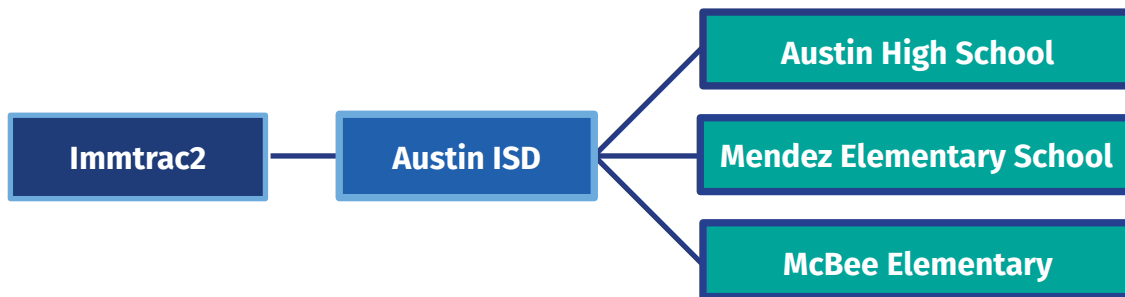


Figure 12: Example of a School Parent/Child Organization

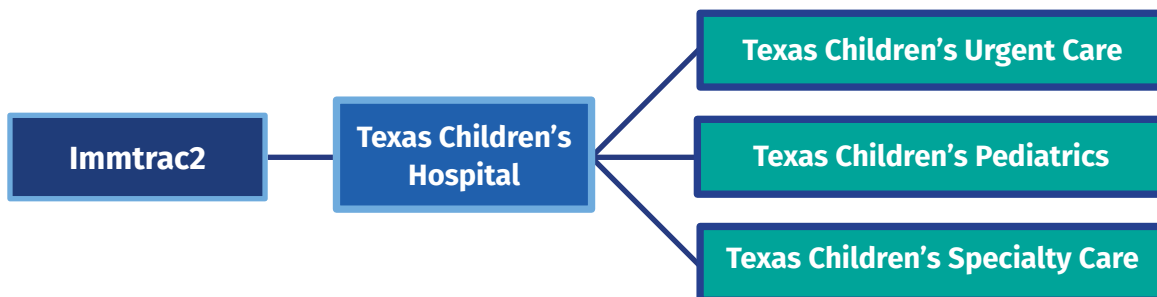


Figure 13: Example of a Hospital Parent/Child Organization




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



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Health Services

You can filter for organizations by:

(1) County,

(2) Org Code,

(3) PIN or

(4) Organization Name

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 Nursury	

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)

Search by Organization Name for "AUSTIN ISD"

AUSTIN ISD

AKINS HS AUSTIN ISD

ALLISON EL AUSTIN ISD

ANDREWS EL 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.

A screenshot of a form section titled "Clinical Information" in blue text. Below the title is a light gray bar containing the text "*Please select the type of organization you are enrolling." To the right of this bar is a red-bordered dropdown menu with "Private Practice" selected and a downward arrow icon.

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?

A screenshot of a form section with a light gray bar containing the text "*Is this organization authorized to administer immunizations?". To the right of the bar is a red-bordered box containing two radio buttons: "Yes" (which is selected with a blue dot) and "No" (which is unselected).

Figure 19: Authorized to Administer Immunizations Question

Administering Immunizations Question

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

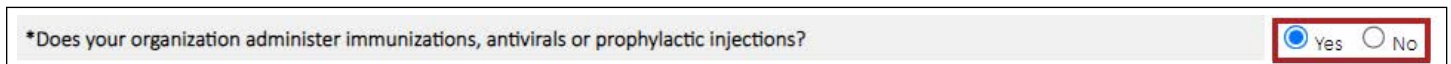
A screenshot of a form section with a light gray bar containing the text "*Does your organization administer immunizations, antivirals or prophylactic injections?". To the right of the bar is a red-bordered box containing two radio buttons: "Yes" (which is selected with a blue dot) and "No" (which is unselected).

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.

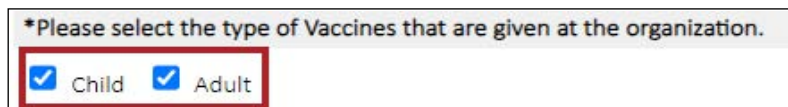
A screenshot of a form section with a light gray bar containing the text "*Please select the type of Vaccines that are given at the organization." Below this bar is a red-bordered box containing two checkboxes: "Child" (which is checked with a blue checkmark) and "Adult" (which is also checked with a blue checkmark).

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* Peterson Pediatrics Doing Business As

Address 1* 1234 Gryffindor Dr Suite #

Zip Code* 78572 City* Mission County* Hidalgo State* Texas

Phone Number* 512 123 4567 x Fax Organization Email Address* PetesPeds@gmail.com

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

*Does another organization act as a part of the Parent Organization for the organization you are enrolling? ☐ Yes ☒ No

*Enter the Parent TX IIS ID:

Clinical Information

*Please select the type of organization you are enrolling. Private Practice

*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

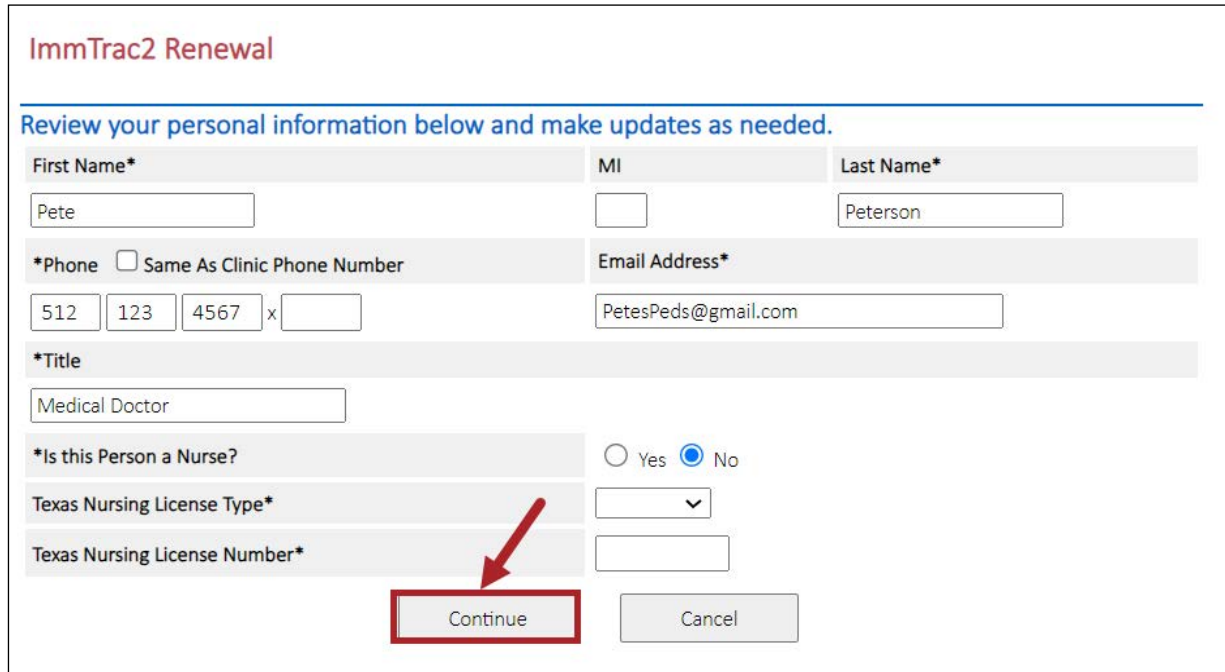
*The ASN Program serves uninsured adults 19 and over. Would you like to be contacted with more information on the ASN Program? ☐ Yes ☒ No

Continue Cancel

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 the 'ImmTrac2 Renewal' form. At the top, it says 'Review your personal information below and make updates as needed.' The form contains several fields: 'First Name*' (Pete), 'MI' (empty), 'Last Name*' (Peterson), '*Phone' (512 123 4567 x [empty]) with a checkbox for 'Same As Clinic Phone Number', 'Email Address*' (PetesPeds@gmail.com), '*Title' (Medical Doctor), '*Is this Person a Nurse?' (radio buttons for Yes and No, with No selected), 'Texas Nursing License Type*' (dropdown menu), and 'Texas Nursing License Number*' (empty). A red arrow points to the 'Continue' button, which is highlighted with a red box.

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

M A

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 -- Replace PRC with existing contact on file -- + Add New

Last Name* First Name* MI Title

Telephone* 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

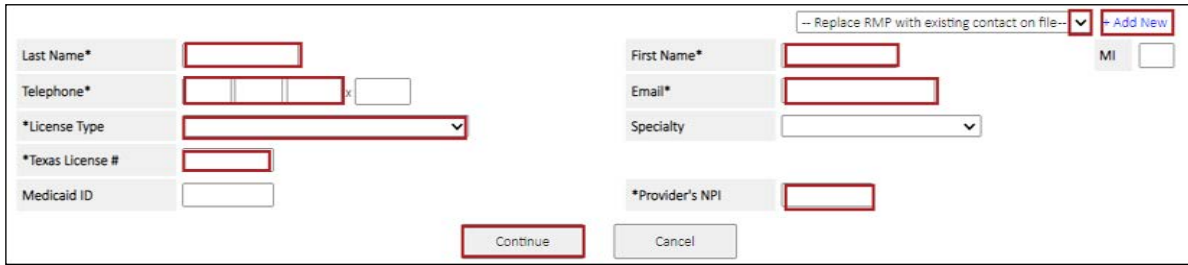
The screenshot shows a web form for adding or editing a Responsible Medical Provider (RMP). At the top right, there is a dropdown menu with the text "-- Replace RMP with existing contact on file--" and a red-bordered button labeled "+ Add New". Below this, the form is divided into two columns. The left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

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

Buttons: Add Provider, Upload Provider List

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

Buttons: Continue, Cancel

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

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			
*License No	L2345		*Provider's NPI	1234567895
		Medicaid ID		

Buttons: 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 Upload Provider List

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

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

#	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			⚙️	✖️

Continue Cancel

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	DVM (Veterinary Medical Examiner)	Specialty	Other	
*Email	CFarmer@geemail.com	*Confirm Email	CFarmer@geemail.com	
*Phone	512 123 4567	Medicaid ID		
*License No	012345	*Provider's NPI	1234567890	

Update Cancel

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

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

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

Figure 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

*Email Address	*Confirm Email Address
jiminy.crickett@gmail.com	jiminy.crickett@gmail.com


SEARCH **CLOSE**

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.

ImmTrac2 User Management

 **Add New User**

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

The user is associated with the following organizations.

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

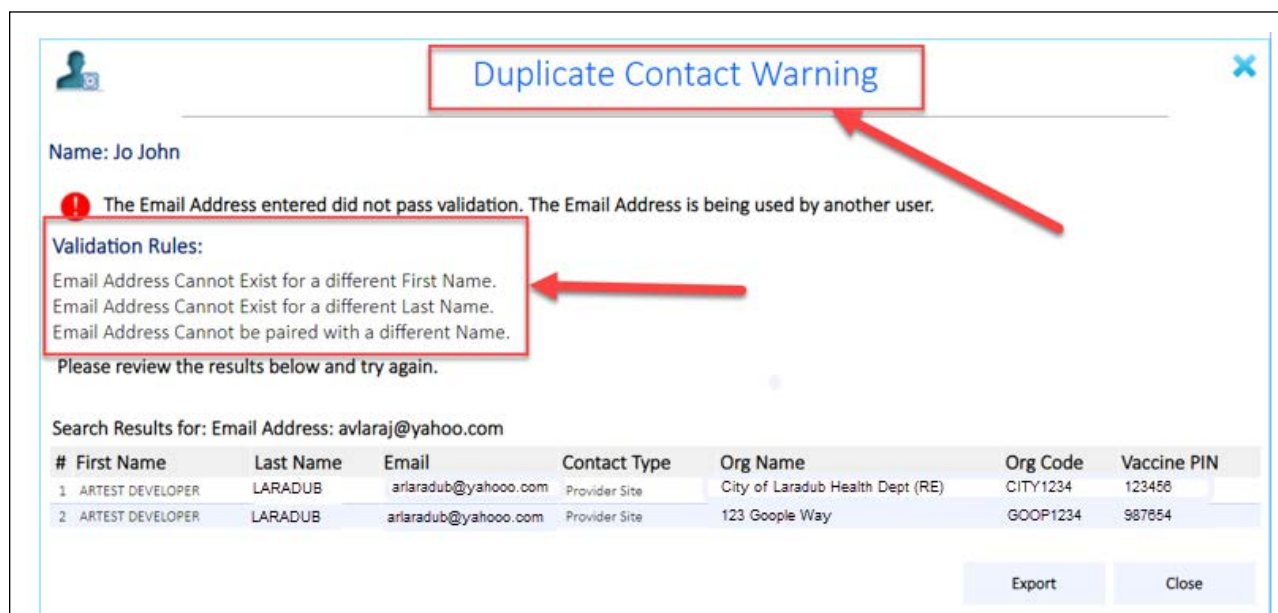
- If the user you are attempting to add is the user displayed above, click confirm to add this user to your organization. After clicking confirm, you will be prompted to provide more information about the user's account relating to this organization.
- If this is not your user, click cancel and contact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

Confirm

Cancel

Figure 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.



Duplicate Contact Warning

Name: Jo John

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

Validation Rules:

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

Please review the results below and try again.

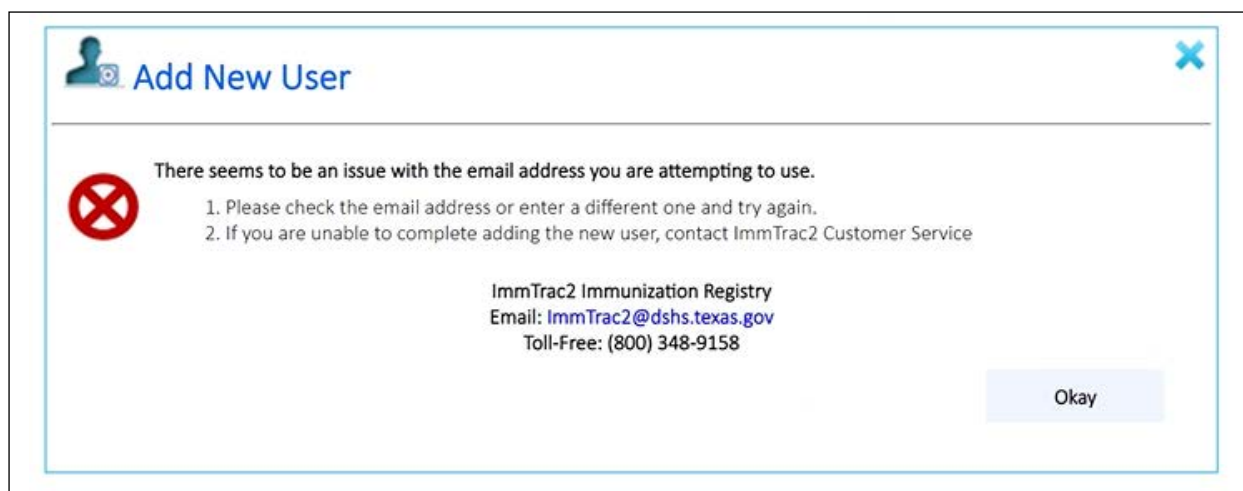
Search Results for: Email Address: avlaraj@yahoo.com

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

Export Close

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.



Add New User

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

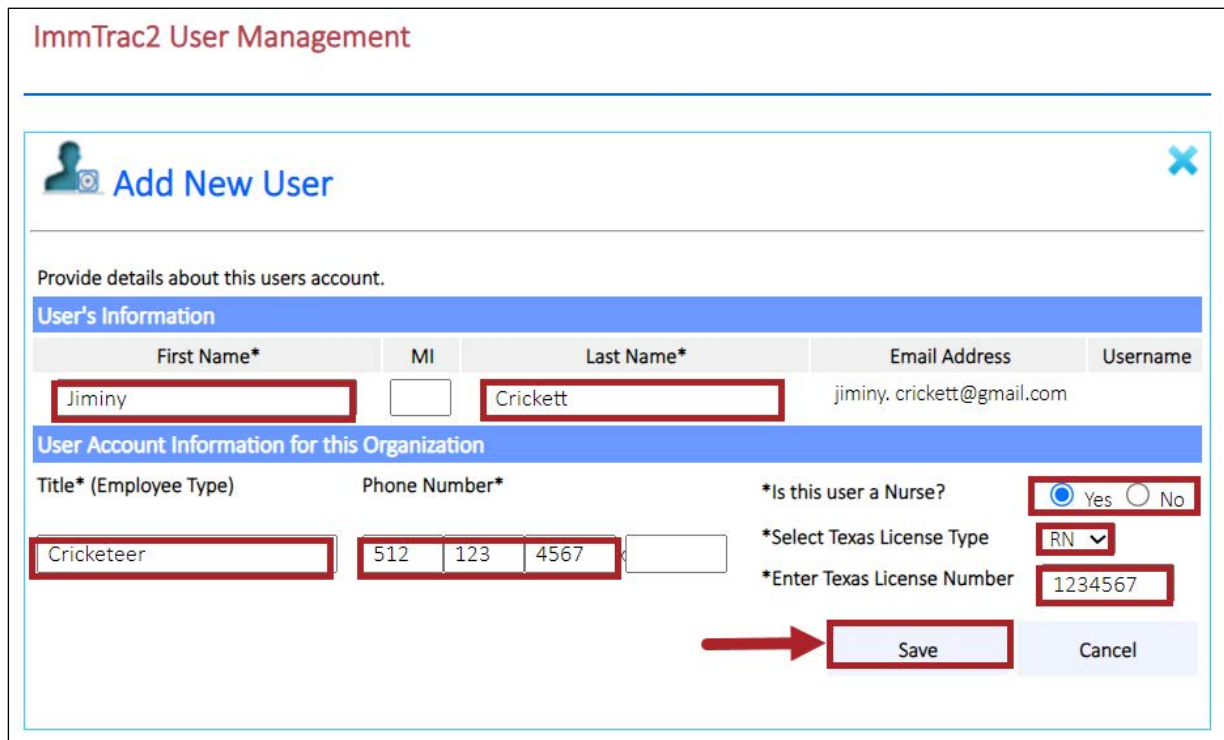
1. Please check the email address or enter a different one and try again.
2. If you are unable to complete adding the new user, contact ImmTrac2 Customer Service

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

Okay

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.



The form is titled "ImmTrac2 User Management" and "Add New User". It contains two main sections: "User's Information" and "User Account Information for this Organization".

User's Information

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

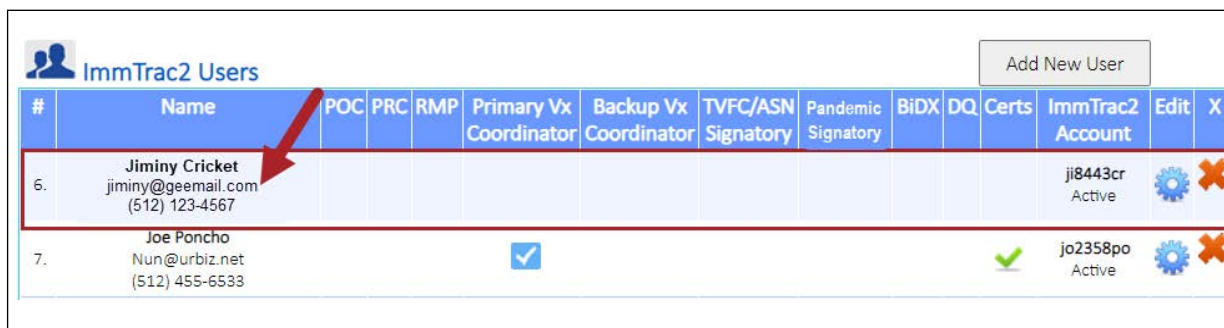
User Account Information for this Organization

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

At the bottom right, there are "Save" and "Cancel" buttons. A red arrow points to the "Save" button.

Figure 44: Add Details of New User

The user is added.



The table shows a list of users. A red arrow points to the first user, Jiminy Cricket.

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

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

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

Figure 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

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

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

Figure 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. Contrary

Email Address: Mary@PaulsPeds.com

Phone Number: (512) 234-5699

Responsible Medical Professional

Responsible Medical Professional Name: William Weeks

Email Address: David.dewgood@gmail.com

Phone Number: (512) 123-4567

Specialty: Internist

License Type: MD (Doctor of Medicine)

Texas Medical License: L1234

Individual NPI: 1234567895

Medicaid:



Print



Continue

Figure 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.

ImmTrac2 Renewal

Authorized Signer

Option 1

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

Option 2

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

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.

ImmTrac2 Renewal

Authorized Signer

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.

Figure 57: You Can Sign

Finally, select the Sign and Submit Site Agreement button.

ImmTrac2 Renewal

Sign & Submit

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 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.**

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.

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

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

*Choose one selection from the options below:

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

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

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

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

Send for Signature

☐ I want to send it to someone else.

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

Add New

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

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

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

Send for Signature

Figure 63: Send Agreement to Responsible Medical Professional

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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.

The screenshot shows a web form with two main sections. The top section has two blue boxes: 'I can sign on behalf of this clinic.' and 'I need someone else to sign the agreement.' The bottom section is titled '*Choose one selection from the options below:' and contains two radio buttons. The first radio button is selected and is annotated with a red circle and an arrow pointing to it. The second radio button is 'I want to send it to someone else.' and is also annotated with a red circle and an arrow. Below the second radio button, there is a text box with instructions: '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.' To the right of this text box is a drop-down list of names, including 'Paul Stone', which is highlighted. An annotation '1. Pick List drop-down arrow' points to the drop-down arrow. To the right of the drop-down list is an 'Add New' link, annotated with '2. "Add New" link'. Below the drop-down list, there are input fields for 'First Name*', 'MI', and 'Last Name*', with 'Paul', 'Stone', and 'Stone' entered respectively. Below these fields is an 'Email Address of Authorized' field with 'Paul Stone@geemail' entered. At the bottom right, there is a 'Send for Signature' button, annotated with a red arrow.

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

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

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

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

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

First Name*	MI	Last Name*
Claudia		Farmer

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

☐ I want to send it to someone else.

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

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.

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

Add New

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.

<https://www.iv5uatcair2.com/SyntropiTXUAT/CRC/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

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' with a navigation bar containing 'Home', 'Register', and 'Contact Us'. Below the header, the title 'IIS Electronic Signature Portal' is displayed in red. Underneath, the text 'Instructions for electronic signature.' is followed by a numbered list: 1. Enter your signature code in the Signature Code field. 2. Review the enrollment form. 3. Apply your electronic Signature. Below the instructions, a grey box prompts the user to 'Enter the Signature Code from your Request to Signature email.:'. To the right of this box is a text input field containing the code '96991E3DE4', which is highlighted with a red box and a red arrow pointing down to it. Next to the input field is a 'Validate Code' button, also highlighted with a red box and a red arrow pointing down to it. Below these elements, a white box contains 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.' This is followed by the site information: '123 Google Way (Organization Code: GOOG0001)', '1920 E Griffin Pkwy, 451', 'Mission, TX, 78572', and 'Hidalgo'. At the bottom of this white box are two buttons: 'Continue' and 'Cancel'. The 'Continue' button is highlighted with a red box and a red arrow pointing down to it.

Figure 66: Electronic Signature Portal

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

The screenshot shows the 'IIS Electronic Signature Portal' with the same navigation bar as Figure 66. Below the header, the title 'IIS Electronic Signature Portal' is displayed in red. Underneath, the text 'Welcome Paul Stone' is shown. At the bottom of the page, there is a button labeled 'Sign & Submit Site Agreement', which is highlighted with a red box and a red arrow pointing down to it. A mouse cursor is visible over the bottom right corner of the button.

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
Telephone: (512) 123-4567	Fax:	Zip Code: 78572
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:	MArg
M.:	Q
Last Name:	Contrary
Phone:	512 345-6789
Email Address:	PaulsPeds@geemail.com
Texas Nurse License:	246578

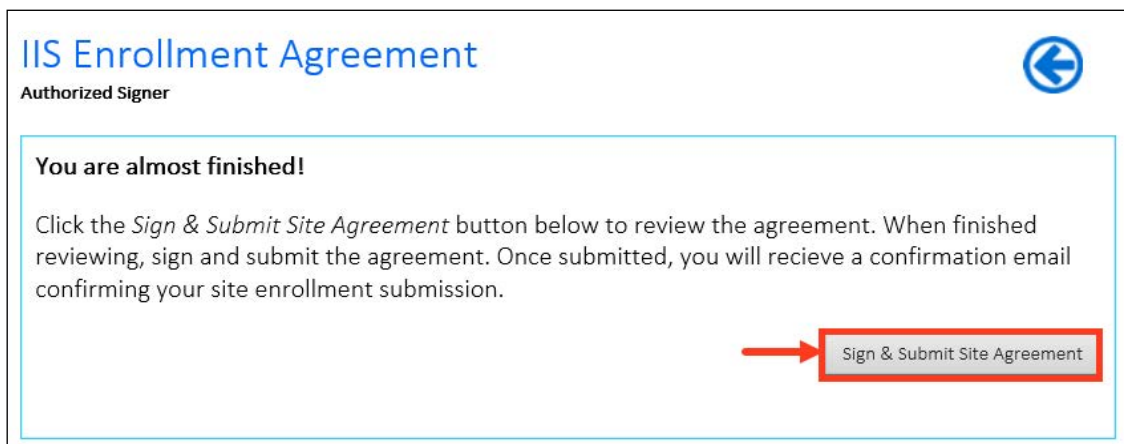
Responsible Medical Professional (RMP)

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!

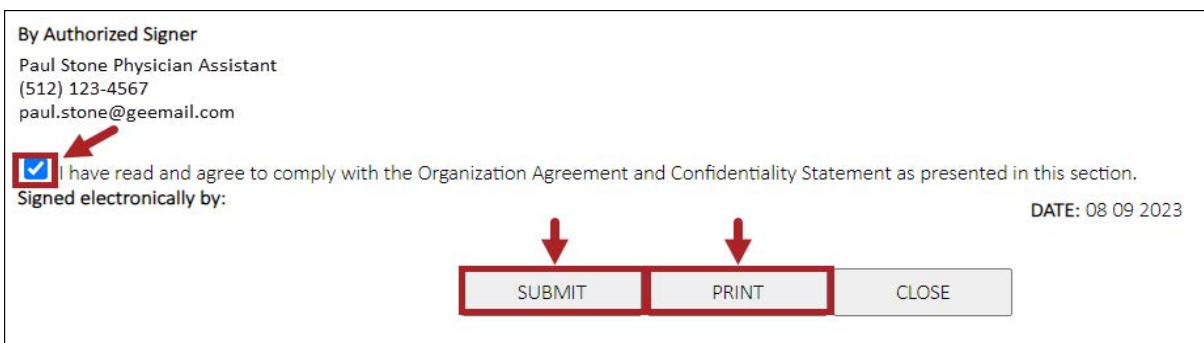
Click the *Sign & Submit Site Agreement* button below to review the agreement. When finished reviewing, sign and submit the agreement. Once submitted, you will receive a confirmation email confirming your site enrollment submission.

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 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

“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

Phone: 800-348-9158, option three

TVFC

Email: VacCallCenter@dshs.texas.gov

Phone: 888-777-5320

VAOS

Email: Covid19VacMgmt@dshs.texas.gov

Phone: 833-832-7068

