



KIDSNET Agreement to Participate

I agree to the following conditions on behalf of myself and all the practitioners, nurses and others associated within the medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or health delivery facility of which I am the Medical Director/Lead Physician or my designee. My practice/facility and staff agree to:

1. Submit demographic and immunization data for new patients to KIDSNET at the Practice's first encounter, provide the parents with KIDSNET information provided by HEALTH, and promptly notify KIDSNET of any children that have transferred or left the practice.
2. Provide accurate and complete data on immunizations administered to children less than 19 years of age to KIDSNET, within one week of vaccine administration.
3. Update demographic and other data as necessary for KIDSNET enrollees.
4. Provide historical immunization data to KIDSNET for individuals less than 19 years of age that are new to the practice
5. Inform all staff who use KIDSNET of their legal responsibilities under the State's Confidentiality of Health Care Information Act (Gen. Law 5-37.3) and all other applicable federal and state laws relating to confidentiality of this information.
6. Provide to the custodial parents, legal guardian(s), and those legally authorized to care for a child (i.e. foster parents), access to the information contained in KIDSNET including printed copies at no cost to the family upon request.
7. Utilize KIDSNET only for the purpose of obtaining information needed for treating or coordinating care for their patients. Any use of this information by either the Provider or staff for purposes other than those specifically stated in this document is considered to be a violation of the provisions of General Law 5-3 7.3 and subject to the penalties contained therein.
8. Maintain a signed KIDSNET confidentiality statement or equivalent confidentiality agreement for each user authorized to use KIDSNET under their Provider ID. Provide KIDSNET staff with access to the signed confidentiality statements in the Provider's office for audit purposes.
9. Authorize HEALTH to work with and communicate directly with my electronic health record vendor or data host to configure, test and establish on-going electronic submission of immunization data to KIDSNET. This may include direct access to patient medical data.
10. Access KIDSNET only at computers that do not have general public access and assure that user ids and passwords are not shared.
11. Downloading data from KIDSNET to portable devices (such as laptops, tablets, or flash drives) is prohibited unless the device is appropriately secured and encrypted. This data is subject to the same terms and conditions as KIDSNET use.
12. Authorize HEALTH to share KIDSNET data with Managed Care Organizations provided data is not publicly released identifying the Provider without the Provider's consent. Further authorize the release of KIDSNET data as permitted by law.
13. Take prudent precautions to assure that all KIDSNET users are aware of and abide by the terms of this agreement.
14. Report any breach in confidentiality related to use of KIDSNET.
15. Authorize a **KIDSNET Administrator** with the following responsibilities:
 - Under the direction of the Medical Director/Lead Physician create KIDSNET users for the Practice and provide user support for forgotten user ids and passwords.
 - Provide prompt on-line updates for any changes in enrollment information. Any change in the Medical Director/Lead Physician or KIDSNET Administrator requires a new KIDSNET Agreement to Participate.
 - Assure that all users are aware of and abide by the terms of this KIDSNET Agreement to Participate.
 - Promptly terminate KIDSNET access for any user who leaves the Practice or whose duties no longer require KIDSNET access.

The following individual is designated as the **KIDSNET Administrator**:

Name: _____

Telephone: _____ **E-mail:** _____

This authorization is binding and will remain in effect until: (1) The State of Rhode Island terminates this authorization, at any time, for failure to comply with the program requirements, (2) the practice terminates this authorization for reasons determined by the Medical Director of the practice, or (3) there is a change of the Medical Director (Lead Physician) and/or there is a change in KIDSNET Administrator.

As Medical Director/Lead Physician, I have designated a KIDSNET Administrator and agree to the requirements as stated.

Lead Physician -PRINT _____

Practice Name _____

Lead Physician Signature _____

Practice Address _____

City _____ State _____ Zip _____