Washington State Department of HEALTH

Washington State Immunization Information System Reference Guide

WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM

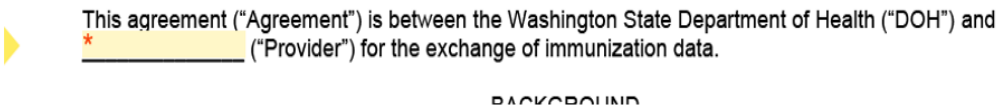
Digital Information Sharing Agreement

What fields do I need to complete on the digital Information Sharing Agreement for processing?

The Department of Health- Office of Immunization has upgraded the agreement for Washington State Immunization Information System access from a paper application to a digital webform. This reference guide will help you through the application process.

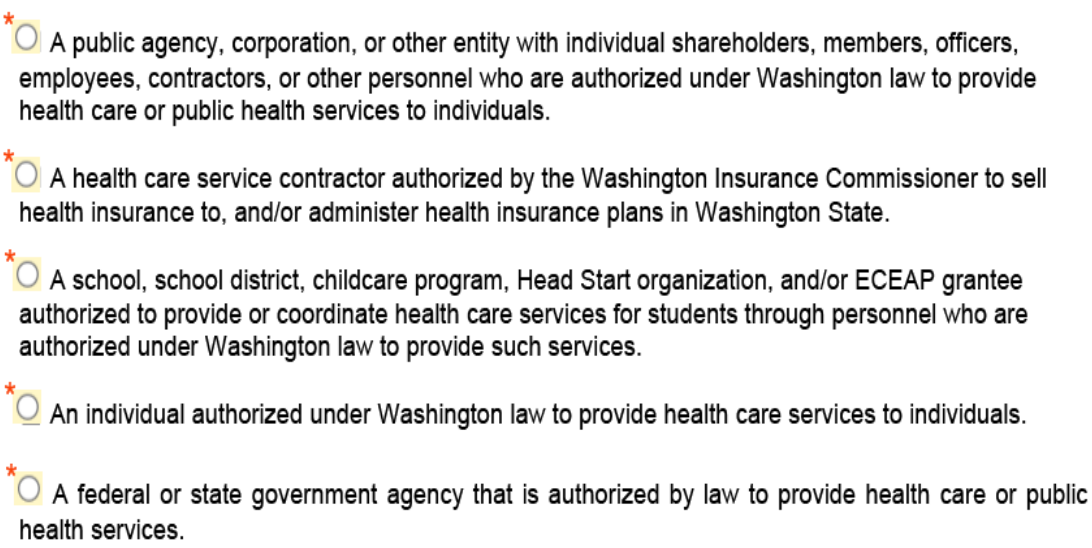
Note: These agreements are for organizations and institutions, not individual users to gain access to the Washington State Immunization Information System.

1. Enter the name of your organization on the highlighted line:



2. Select **one** option that best describes your organization:

- Provider/Plan is: (check one):



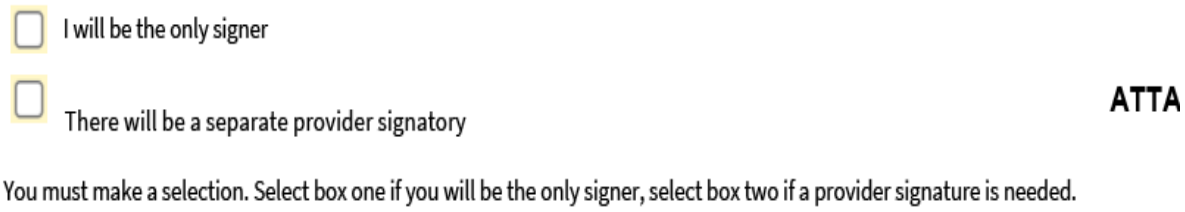
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

348-1005 October 2023

Digital Information Sharing Agreement

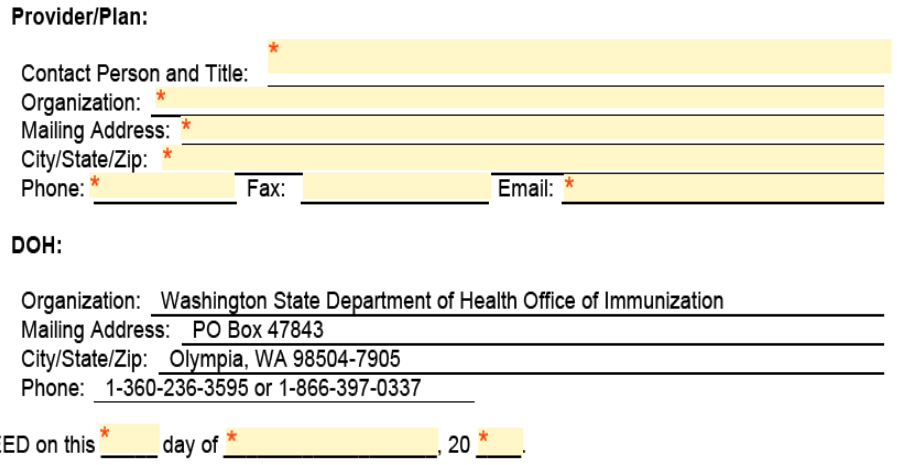
3. You **must select** a checkbox. If you do not, your information sharing agreement will be considered incomplete and will be sent back. A new agreement will need to be submitted for review.

- If you are the only person completing and signing this document, select- "I will be the only signer."
- If you need a credentialed provider to sign the provider signatory, please select "There will be a separate provider signatory."



TIP: Whomever signs as the **Provider Signatory**, must have an active WA state medical license. This will help determine if you should select the "only signer" or the" separate provider signatory" option.

4. Fill out your organization's contact information. Enter the date in which you are filling out the agreement to the "agreed on" section of the document.



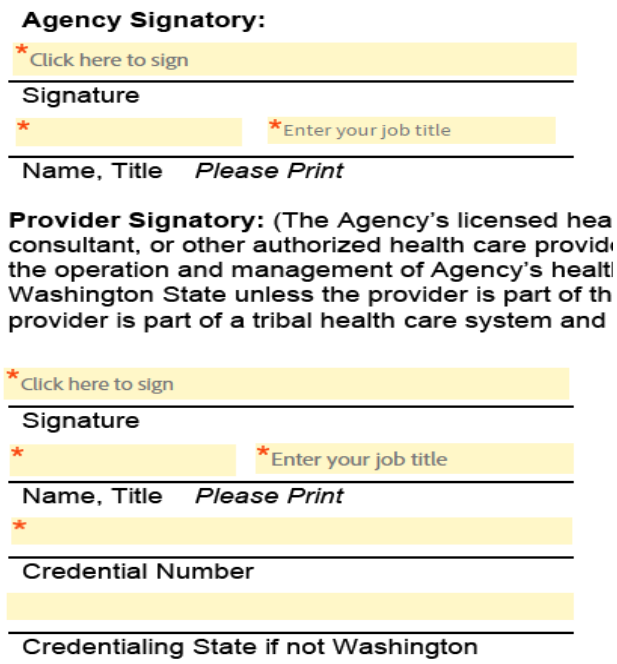
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Digital Information Sharing Agreement

5. If you are the **only signer**, both the agency signatory and provider signatory will appear for your completion (as shown in the photo).

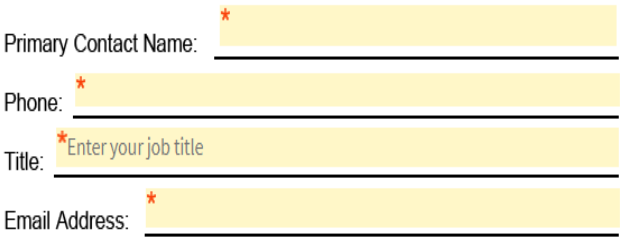
If you selected **"there will be a separate provider signatory",** you will only be responsible for signing the agency signatory section and will email this agreement to the provider (participant 2) for their signature.

Note: At the end of the application, there will be a space to provide the provider's email address.



6. Please keep **page 8 attachment B for your records,** this page does NOT need to be returned to DOH for processing.

7. Add a clinic contact **or** system administrator for your organization here:

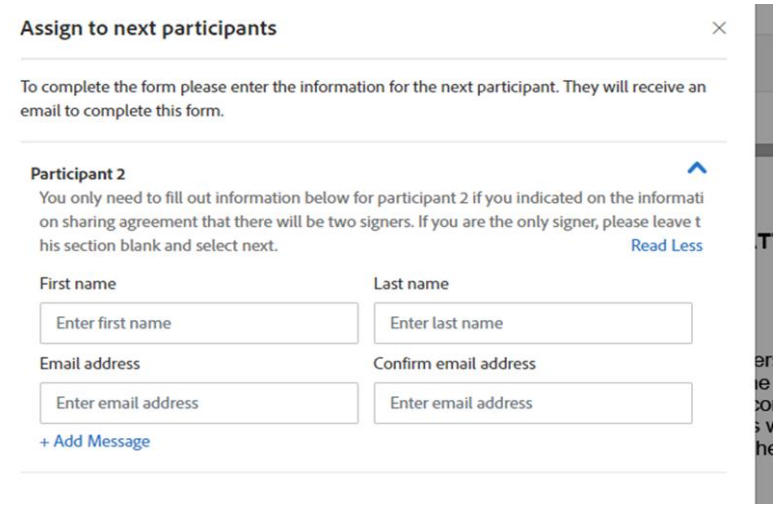


To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

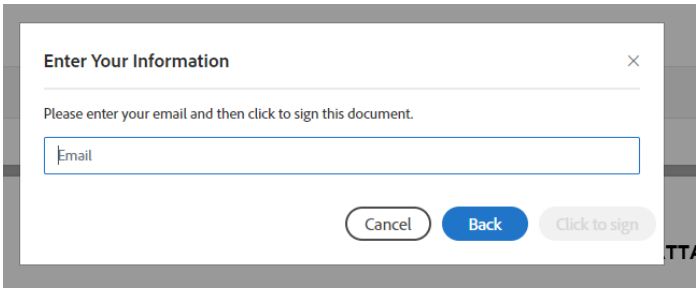
Digital Information Sharing Agreement

8. After you have selected **"sign"** you will see a box that says, **"assign to next participants".** You only need to fill out information for participant two if you indicated on the information sharing agreement that there will be a separate provider signatory.

If you are the **only** signer, please leave this section blank and select next.



9. You will then be asked to "Enter Your Information." This step is asking to verify your email address. Please ensure that you enter your email address and then select **"verify"** when you get the email in your inbox. If you miss this step, your agreement will **not** send to the next participant for completion.



10. You have submitted your agreement!

What's next? Depending on your selections, your agreement will be sent to either your second participant for signature or to the Office of Immunization- Data Quality team. Once the Data Quality team receives your application, we will review it for completeness and accuracy and send it to our director for approval. Once approved, the contact person listed on the Information Sharing Agreement will receive a signed, emailed copy. Please save this for your records. All new digital agreements will expire 3 years after approval.

Questions? Contact the Data Quality team at pchoiisa@doh.wa.gov

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.