



Internal Use Only	
ORG Code	
Staging #	
Production #	
District IPC	
IPC Training Date	
Enrollment Date/Initials	

PROVIDER/SCHOOL ENROLLMENT

GRITS is an internet - based Immunization registry operated by the Immunization Program of the Georgia Department of Public Health. Enrolled health care providers and schools can enter and/or obtain immunization information for clients, including tracking and reminder functions. Client Information is confidential and only available to authorized users.

To Participate in the Georgia Registry of Immunizations (GRITS)

- INSTRUCTIONS:**
1. Complete the Enrollment information below for your organization.
 2. **If applicable**, Complete an **Add Site form** for EACH ADDITIONAL Site location associated with your organization.
 3. Read the Confidentiality Policy and **keep for your record and review with any staff you assign to access GRITS.**
 4. Read and sign the Software User Agreement.
 5. **Email** all completed forms to: dph-immreg@dph.ga.gov with your **Organization's Name in the subject.**

Name of the Organization: _____

Organization's Point of Contact: _____

Organization's Address: _____

City: _____ Zip + 4: _____

Phone: _____ County: _____

Fax: _____ E-Mail: _____

- Organization Type:
- | | | |
|--|-------------------------------------|---|
| <input type="radio"/> Private Provider | <input type="radio"/> Public Health | <input type="radio"/> Correctional Facility |
| <input type="radio"/> Pharmacy | <input type="radio"/> Hospital | <input type="radio"/> Schools |
| <input type="radio"/> Long-Term Care | <input type="radio"/> Child Care | <input type="radio"/> Other _____ |

How many facilities do you need to add to the GRITS System? _____

Who will you designate as your Administrator for your account?



**Georgia Registry of
Immunization Transactions and Services
(GRITS)
Software User Agreement**

Organization Name: _____

Organization Address: _____

City: _____ **State:** _____ **ZIP Code:** _____ **County:** _____

By signing this agreement, my organization agrees to:

- Comply with the Georgia Registry of Immunization Transactions and Services (GRITS) User Agreement and my organization’s standard protocol for protecting and releasing identifying immunization information for clients.
- Participate and provide immunization data to the Georgia Registry of Immunization Transactions and Services (GRITS) for the purpose of establishing a single repository for all immunization transactions for the State of Georgia.
- Handle GRITS identifying information in a confidential manner.
- **When applicable Enter data timely and accurately within 30 days of administering vaccines. Reporting should not exceed 30 days.**
- Use the GRITS system to access information and generate documentation only as necessary to properly conduct the administration and management of immunizations.
- Safeguard user ID and passwords granted through the GRITS system in accordance with generally accepted standards of system security management.
- Deny use of user ID or password by any unauthorized person or organization unless expressly approved by GRITS staff.
- Deny access to identifying information or documentation obtained from the GRITS system to any individuals who have no duties related to the administration, recording, and reviewing of immunizations.
- Not attempt to copy the database or software used to access the GRITS system without written consent from the Georgia Department of Public Health Immunization Program Manager.
- Insure that user level of access is commensurate with job duties.
- Insure that end users are knowledgeable of GRITS security and confidentiality policies.
- Promptly report to GRITS staff any violation of the GRITS User Agreement.

I have read, understand, and agree to abide by the GRITS User Agreement, the GRITS Confidentiality Policy and the above requirements. I understand that, if I violate the GRITS user requirements, my access to GRITS data can be terminated and I may be subject to penalties imposed by law.

SIGNATURE - Organization’s Administrator/Office Manager/ Physician/Director

Date Signed

Print Name of Organization’s Administrator/Office Manager/Physician/Director

Telephone Number

Print Title of Organization’s Administrator/Office Manager/ Physician/Director

PLEASE EMAIL THIS DOCUMENT

dph-immreg@dph.ga.gov with your organization's name in the subject.