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

GRITS
Georgia Registry of Immunization
Transactions and Services

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: ◯ Private Provider ◯ Public Health ◯ Correctional Facility

◯ Pharmacy ◯ Hospital ◯ Schools

◯ Long-Term Care ◯ Child Care ◯ Other_____

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

Who will you designate as your Administrator for your account?

_____

Updated: 3-2015

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.

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

Updated: 03-2015

GRITS Add Site Request
ONLY PRINT OR TYPE
(Please return this form to dph-immreg@dph.ga.gov)

Org Code _____ Site Name: _____
   (If adding site to existing org)

County: _____

1. This Site Receives Inventory From VFC: Yes   No   VFC/GIP PIN _____
                                                                    (Required if yes)

2. This Site Has Inventory: Yes (**required if #1 is yes, skip #3**)

    No (**answer #3**)

3. If No, this site draws inventory from: _____
       (Site name inventory will be drawn from) (**required if 2 is No**)

                                                         Is this contact a Physician?

Primary Contact Name: _____   Yes   No

Secondary Contact Name (Mandatory): _____   Yes   No
       (If no secondary contact list same as primary)

Address: _____

P. O Box: _____

City, State, & Zip Code: _____

Primary Telephone: _____ EXT: _____

Secondary Telephone (Mandatory): _____EXT: _____
       (If none list same as primary)

Fax: _____

Email: _____

Secondary Email (Mandatory): _____
       (If none list same as primary)

Point of Contact Signature_____ Date _____

For questions regarding this form please email dph-immreg@dph.ga.gov with your organization's name in the subject
Revised 3-12-2015