



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

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ County: \_\_\_\_\_

Purpose or intent to access use of registry data: \_\_\_\_\_

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 14 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  
ATTN: GRITS TRAINING COORDINATOR TO [dph-immreg@dph.ga.gov](mailto:dph-immreg@dph.ga.gov)