

PARTICIPANT IMMUNIZATION REGISTRY AUTHORIZATION

As part of the Kentucky Health Information Exchange (KHIE), if properly authorized, Participants may elect to receive Immunization Registry Services. This form authorizes the Division of Kentucky Electronic Health Information to provide Immunization Registry Services on behalf of Lexington-Fayette Urban County Government, Division of Community Corrections.

In accordance with KRS 214.034 and 902 KAR § 2:055 or as hereafter amended or superseded, Participant desires to submit Immunization Registry information electronically to the Kentucky Department of Public Health. Participant states that it has signed a Participation Agreement with the Division of Kentucky Electronic Health Information formerly GOEHI and that agreement will remain in full force and effect throughout the time the Participant receives Immunization Connectivity Services under this Participant Immunization Registry Authorization. Further, the Division of Kentucky Electronic Health Information will perform Immunization Registry Services as a Business Associate of Participant pursuant to the Business Associate Agreement between the Division of Kentucky Electronic Health Information and Participant.

Participant is permitting the Division of Kentucky Electronic Health Information to access patient immunization and other patient information directly from the Participant’s data made available for exchange through KHIE in order to facilitate submission of Immunization Registry information in accordance with applicable laws and regulations.

Participant is agreeing that (i) KHIE is the delivery method that is approved by the Participant to the Registry for information identified in KRS 214.034 and 902 KAR § 2:055 or as hereafter amended or superseded and to facilitate the Participant’s Meaningful Use of Protected Health Information through the Immunization Registry in a manner that complies with all applicable laws and regulations, including without limitation, those protective of the privacy and security of health information.

Participant understands KHIE is only able to deliver and transfer the immunization data of Participants that have provided this executed Participant Immunization Registry Authorization to the Division of Kentucky Electronic Health Information. Participant shall notify the Division of Kentucky Electronic Health Information in writing if it no longer desires transmittal of data to the Immunization Registry.

PARTICIPANT NAME:

AUTHORIZED SIGNATURE:

Lexington-Fayette Urban County Government
Division of Community Corrections

_____, Mayor
DATE: _____