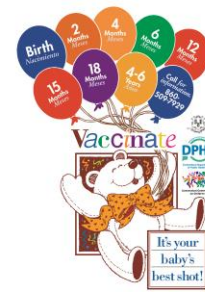




STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



PROCESS TO REQUEST A CIRTS USERNAME

The Connecticut Immunization Registry and Tracking System (CIRTS) is the statewide childhood immunization registry that tracks children from birth up to six years of age.

Coming online with CIRTS will allow providers access to look up their patient's previous immunization records, enter vaccines administered, view and print official immunization records, and run reports on children who are due or overdue for vaccines.

To request a CIRTS username, please:

- 1) Contact the State Immunization Program: DPH.CIRTS@ct.gov or 860-509-7929 to request access to CIRTS.
- 2) Complete, sign and return the CIRTS Statement of Confidentiality to DPH (one form per provider.)
- 3) The provider will receive an email with their username and temporary password.
- 4) CIRTS staff will schedule training with the provider at their office. This training will take about 45 minutes. A training guide will be given to the provider and is available on the CIRTS website.
- 5) If a provider user leaves, notify DPH.CIRTS@ct.gov or 860-509-7929 so DPH can deactivate their username.

Phone: (860) 509-7929

Fax: (860) 509-8370

Email: DPH.CIRTS@ct.gov

State of Connecticut Department of Public Health
410 Capitol Avenue, MS# 11 MUN Hartford, CT 06134-0308



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CIRTS Statement of Confidentiality TO REQUEST CIRTS ACCESS

In working with any data associated with the Connecticut Immunization Registry and Tracking System (CIRTS), a program established by Public Act 94-90 and operated by the Connecticut Department of Public Health, I agree to the following:

1. I have read and will comply with the attached Section 19a-7h of the CT General Statutes and Sections 19a-7h-1 through 19a-7h-5 inclusive of the Regulations of CT State Agencies, which can be found at: <http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=467374&PM=1>
2. I will not disclose immunization data that is included in the registry *except* to the following:
 - the pediatric provider of the child;
 - the Director of Health of the town/district in which the child resides and any outreach staff duly designated by the Director of Health to track children late for immunizations;
 - the school nurse of the child;
 - the child's parent (unless the parent's rights have been terminated pursuant to a court order) or legal guardian;
 - *only* with the written permission of the child's parent or legal guardian can I disclose immunization data to anyone who does not meet the regulations listed above for access.
3. I will not use CIRTS to obtain information of any type on any child or parent enrolled in CIRTS except for the mission of CIRTS.

I understand that a breach of confidentiality could result in a fine, other legal action or loss of job.

CIRTS Site # _____

Facility Name/Town _____

Facility Phone/Extension _____

Individual Email (Group or multi-user email not acceptable) _____

Printed Name _____

Signature _____

Date Signed _____

Completed forms can be FAXED to: 860-509-8370 or EMAILED to: DPH.CIRTS@ct.gov

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