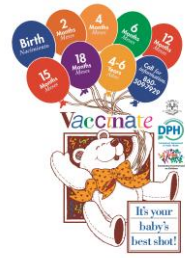


# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



PLEASE COPY THIS FOR *EACH* PROVIDER IN YOUR PRACTICE  
OR LOCAL HEALTH DIRECTOR

**TO: Pediatric and Family Practitioners and Local Health Directors**  
**FROM: Nancy Sharova, CIRTS Coordinator**  
**SUBJECT: Connecticut Immunization Registry and Tracking System Confidentiality Agreement**  
**DATE: 02/01/2017**

The Connecticut Immunization Registry and Tracking System (CIRTS), our statewide childhood immunization registry, strictly adheres to Connecticut Law that all personal information including vaccination status and dates of vaccination of individuals shall be confidential.

ALL HEALTH CARE PROVIDERS ADMINISTERING VACCINATIONS TO CHILDREN IN CONNECTICUT SHALL REPORT THESE VACCINATIONS TO CIRTS, UPON RECEIVING A REQUEST FROM CIRTS. ONLY THE PARENT(S), THE CHILD'S LEGAL GUARDIAN, THE CHILD'S HEALTH CARE PROVIDER, AND LOCAL HEALTH DIRECTORS HAVE ACCESS TO CIRTS INFORMATION.

In order to obtain data from CIRTS and to comply with the CT General Statutes Section 19a-7h, **each pediatric and family health care provider and local health director must sign the attached Confidentiality Agreement Form** indicating that you have read and agree to comply with C.G.S. 19a-7h. Please return the signed form **by February 20, 2017**

**FAX: 860-509-8370**

**or, MAIL to:**

CT Department of Public Health, CIRTS  
410 Capitol Avenue, MS #11 MUN  
Hartford, CT 06134  
ATTN: Nancy Sharova

Or, for your convenience, you may return your signed Confidentiality Agreement form(s) with your next Monthly Compliancy Report of your 7 & 19 month-olds.

Thank you for your cooperation.

Phone: (860) 509-7929

Fax: (860) 509-8370

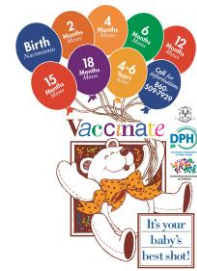
Email: [DPH.CIRTS@ct.gov](mailto:DPH.CIRTS@ct.gov)

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



# STATE OF CONNECTICUT

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## CONFIDENTIALITY AGREEMENT TO COMPLY WITH CIRTS REGULATIONS

Regarding 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:

- 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>
- I will ensure that any staff member employed by the practice or local health department complies with these provisions.

Type of Facility:

- Private Practice (Individual or Group)
- Federally Qualified Health Center (FQHC)
- Hospital Clinic
- School Based Health Center
- Local Health Department
- Other (please specify) \_\_\_\_\_

Facility Name \_\_\_\_\_

Position Held \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

*Please return this signed agreement to the fax and/or address listed below by 02/20/17.*

*Please retain a copy for your records.*

For DPH: Each pediatric health care provider and local director of health must sign this confidentiality agreement every two years.  
Date to be renewed: February 2019

Phone: (860) 509-7929  
Fax: (860) 509-8370  
Email: [DPH.CIRTS@ct.gov](mailto:DPH.CIRTS@ct.gov)  
State of Connecticut Department of Public Health  
410 Capitol Avenue, MS# 11 MUN Hartford, CT 06134-0308