



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 Health Directors
FROM: Nancy Sharova, CIRTIS Coordinator
SUBJECT: Connecticut Immunization Registry and Tracking System Confidentiality Agreement
DATE: 1/18/2013

The Connecticut Immunization Registry and Tracking System (CIRTIS), 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 CT SHALL REPORT THESE VACCINATIONS TO CIRTIS, UPON RECEIVING A REQUEST FROM CIRTIS.

ONLY THE PARENT(S), THE CHILD'S LEGAL GUARDIAN, THE CHILD'S HEALTH CARE PROVIDER, AND LOCAL HEALTH DIRECTORS HAVE ACCESS TO CIRTIS INFORMATION.

In order to obtain data from CIRTIS 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 (see enclosed statute/regulations). Please return the signed form **by February 20, 2013,**

to FAX: 860-509-8370

or, MAIL to:

CT Department of Public Health, CIRTIS
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 Compliance Report of your 7 & 19 month-olds.

Thank you for your cooperation.

Phone: (860) 509-7929

Fax: (860) 509-8370

Department of Public Health, MS# 11 MUN

410 Capitol Avenue.

Hartford, CT 06134-0308

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Statement of Confidentiality

Agreement to Comply with CIRTS Regulations for

Pediatric and Family Health Care Providers and Local Directors of Health

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 CT 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/lib/dph/public_health_code/sections/19a-7h-1_to_19a-7h-5_immunization_registry.pdf

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

Facility or Health Dept. Name: _____

Type of Facility:

- ☐ Private practice
☐ Community Health Center
☐ Hospital-based ambulatory health center
☐ Local Health Department
☐ Other (specify) _____

Signature: _____

Printed name: _____

Position held: _____

Date: _____

Please return this signed agreement to the fax and/or address listed below by 2/20/13.

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: 02/01/2015

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