

## Hawaii Immunization Registry (HIR) Annual Enrollment Process

Per HIR policy, all providers and users ((EMR/EHR Organizations, Physicians, Pharmacies, Insurers etc.) must renew their enrollment forms annually.

The **annual enrollment process** is between November 15 to January 31. Providers and users must complete the enrollment process by January 31st of each year to avoid suspension of their HIR accounts.

To complete the annual enrollment process:

Step 1: Read the Policy Statements

- a. Security Policy: <https://hir.doh.hawaii.gov/docs/SecurityPolicy.pdf>
- b. Confidentiality and Privacy Policy: <https://hir.doh.hawaii.gov/docs/confAndPrivPolicy.pdf>

Step 2: Watch the HIR Training videos

- a. Security Training video: <https://youtu.be/ck2FQP9fsdU> (required annually for all users).
- b. HIR User Training Video: <https://www.youtube.com/watch?v=fSrNHA7uGLc>

Step 3: Complete the following forms – all Providers

- a. [Annual Facility Enrollment Application](#).  
This form must be reviewed and completed by the Physician or the Organization/Site Administrator. **One form per facility location is required**
- b. [Confidentiality and Security Statement](#)  
This form must be completed by **each user** who has or require an account to access HIR via User Interface. **Each user must initial the top right section of the page after viewing the training video(s).**  
No initials will delay processing of user accounts.

Step 4: This step is only for Providers using EMR/EHR vendor to submit data via Webservices or other interface

- c. [Data Transfer Security Form](#) This is a one time form that need to be completed/submitted by the provider's EMR/EHR vendor
- d. [Data Exchange Onboarding Form](#) This is a one time form that must be completed by the Provider Organization
- e. [Meaningful Use Registration Form](#) This form must be completed annually by the Provider Organization interested in participating in Medicare Medicaid Promoting Interoperability Program (formerly the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program.

Submit all completed forms via email to [registryhelp@doh.hawaii.gov](mailto:registryhelp@doh.hawaii.gov) , or fax to 808-586-8312.