

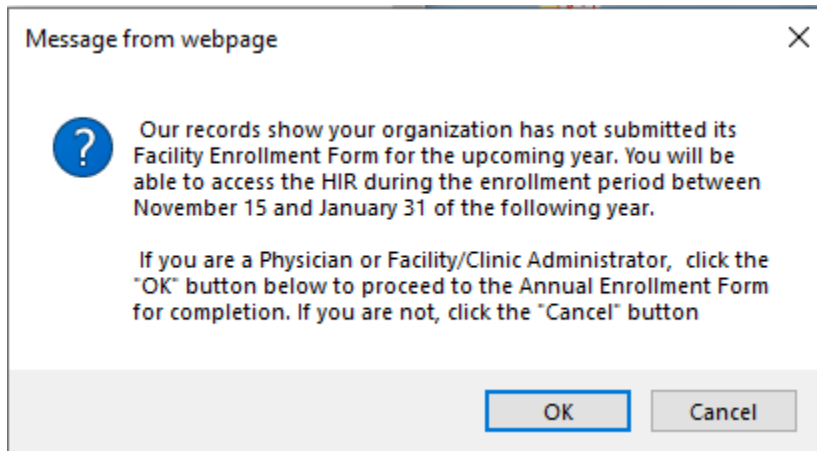


HIR Online Facility Agreement Instructions

Note: After January 31, if the Facility's Primary POC (Physician or Facility/Clinic Administrator) has not completed/submitted the Online Facility Agreement, all user access to the Organization will be disabled. This does not impact electronic submissions to HIR.

If you are the **Primary Point of Contact for your Org Facility**, you will need to:

- Login to the Hawaii Immunization Registry (HIR)
<https://hir.doh.hawaii.gov/HIRPRD/portalInfoManager.do>
- Click OK



- Review the online form. Check that all entries to fields are correct and completed. Make any changes as appropriate.

Data field tips and explanations:

- Fields marked with asterisks are required fields
- Data Exchange – means if a provider submits data electronically to HIR via webservice using EHR vendor or inter IT Interface team
- Scroll to view the Registry agreement
- Save – to save your updates and return to HIR later to complete
- Save and Submit – Save and submit completed form to HIR to make your Facility enrollment current.



HIR Online Facility Agreement Instructions

Sample Online Form



HIR Online Facility Agreement Instructions

Hawaii Immunization Registry

Clinic/Provider Information*

HIR Code* 10642 HIR Code ID* HTP VFC PIN*

Clinic/Provider Name*

HIR Type*
Provider Office/Clinic Data Exchange* Yes No Public Org* Yes No

Provider Specialty*
Multi-Specialty How do you submit your patient data to the HIR?*

HIR website (Manual Entry)
 Yes No

FQHC/RHC*
 Yes No

Does your site administer immunizations*
 Yes No

I: A public org is an immunization site funded by a governmental agency directly; a unit of government responsible for managing operations

II: A private org is an immunization site funded privately or indirectly by a governmental agency (e.g., CMS); a nongovernmental unit responsible for managing operations

Primary Contact Person*

First Name* Last Name*

Title*

Phone Number* - Ext.

Fax -

Address*

Address Type* Mailing

Street 1*

Street 2

PO Box

City*

State* HAW

Zip* -

Email*

Agreement*

The Hawaii Immunization Registry is a statewide web-based immunization information system that establishes and maintains a repository of lifespan immunization data for the State of Hawaii. Information in the registry will be entered by and available to Authorized Users for authorized purposes only. All Authorized Users are required to protect the confidentiality and security of immunization data and other individually identifiable health information stored in the registry in accordance with the Hawaii Immunization Registry

By checking this box, I certify that I have read and accept the conditions above.

By checking this box, I certify I am typing my own name below, and by doing so I am electronically signing my application.

Physician or Organization/Site Administrator's Signature*

Physician or Organization/Site Administrator's Title*

Medical/Occupational License Number or Credentials*

Date*

- When enrollment has successfully submitted, you will see the following message. Click "Continue to HIR"

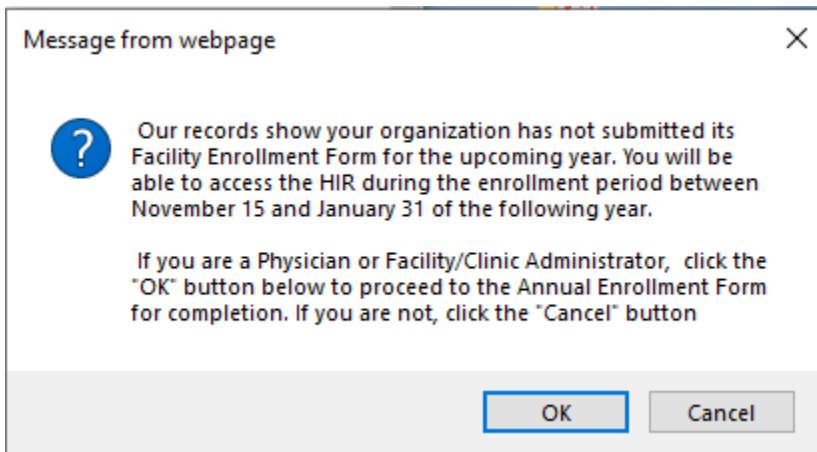


HIR Online Facility Agreement Instructions

HIR Enrollment Form has been submitted

If you are a **Staff member of a Facility Org**, with HIR User account, you will need to:

- Login to the Hawaii Immunization Registry (HIR)
<https://hir.doh.hawaii.gov/HIRPRD/portalInfoManager.do>
- Click Cancel
** If you are not the Primary Point of Contact (Physician or Facility/Clinic Administrator), please DO NOT click OK. Only the Primary POC responsible for the Facility will need to complete the form.



- The system will allow you to continue using HIR and functions for which you have access.

After January 31, if the Facility's Primary POC (Physician or Facility/Clinic Administrator) has not completed/submitted the Online Facility Agreement, access to HIR for you and all other staff who have HIR user accounts will be disabled.

Please notify your Facility Org's Primary Point of Contact (POC), Physician or Site Administrator to ensure that they complete and submit the Online Facility Agreement between November 15 – January 31.

For Assistance:

Phone: 586-4665 (Oahu) or 1-888-447-1023 (Neighbor Islands)

Email: registryhelp@doh.hawaii.gov