



SCHOOL, DAYCARE & HEAD START Site Enrollment Agreement

To participate in the Louisiana Immunization Network (LINKS) System

LINKS is a computer based immunization information system operated by Louisiana Department of Health (LDH) Office of Public Health (OPH) Immunization Program. It is intended to aid health care professionals and other authorized personnel with immunization information for patients, including tracking and recall. Patient or provider specific information is confidential and is only available to the authorized users of the system. The immunization records of all persons in Louisiana may be shared with all Sites that care for a patient.

LINKS is developed under the authority of the following provisions of the Louisiana Revised Statutes as follows: R.S. 40:31.11-16

Louisiana Administrative Code (Title 51, Louisiana Sanitary Code, Chapter 7, §703) states that it is a requirement/mandatory that all licensed and credentialed immunization providers in Louisiana report all immunizations administered, regardless of patient age, and update patient demographics at each patient encounter to LINKS within one week of vaccine administration to the patient.

ALL FIELDS MUST BE COMPLETED FOR THIS AGREEMENT TO BE PROCESSED:

School or Child Care Center Name:			
License Number: (if applicable)		Head Start District:	
Address:			
City:		Zip Code:	
Parish:		Region #:	
Phone Number:		Fax Number:	
School Principal or Child Care Operator			
School Principal or Child Care Email:			
School Nurse Name:			
School Nurse Email:			
Grades/Age Ranges Served:			
Facility Type: (see list below)			
Public School • Private School • Child Care Center • Head Start			



SCHOOL OR DAY CARE Site Enrollment Agreement

To participate in the Louisiana Immunization Network (LINKS) System

As a condition of participating in LINKS the above Site enters into this agreement with the LDH/OPH, and agrees to the following:

- ❖ To use LINKS only for the immunization needs of patients. The Site and its authorized personnel will access the immunization information system only when needed to assure adequate immunization of a patient, to avoid unnecessary immunizations, to confirm compliance with mandatory immunization requirements, reporting, and to control disease outbreaks.
- ❖ All authorized personnel that will utilize LINKS must be assigned User IDs and passwords by the LINKS administrators, and must sign the LINKS "Individual User Agreement." Child Care Centers will be issued a Site wide User ID and password. The Site representative is responsible for returning the User Agreement to the Regional Immunization Supervisors and required to keep a copy on file.
- ❖ When an authorized user leaves this Site, the Site representative must notify the Regional Immunization Supervisor and return a completed Remove User form immediately.
- ❖ If the Site and/or its personnel violates this agreement or use the system in an unauthorized manner, LDH/OPH Immunization Program reserves the right to terminate access to the system.
- ❖ The Site shall adhere to the requirements in the "LINKS Confidentiality Policy." The Site agrees that it must safeguard its User IDs and Passwords against use other than allowed by this agreement.
- ❖ The Site understands that unauthorized disclosure of confidential information may result in legal penalties. The Site is responsible for the actions of its staff regarding the confidentiality of information contained in the immunization information system.
- ❖ Schools and Head Starts agree to provide LINKS with specified demographic and immunization information about patients receiving immunizations. The Site shall enter all information administered to LINKS within 48 hours after immunization administration.
- ❖ The Site authorizes the Office of Public Health to notify parents or guardians when immunizations are due through the utilization of the LINKS reminder/recall system to achieve and maintain high individual patient immunization rates, and high immunization practice rates, in accordance with the goals of the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices (ACIP) to the United States Public Health Service.
- ❖ Signing this form signifies agreement to be a participating authorized Site. Please sign, keep a copy for yourself, and return the completed form to LINKS Regional Immunization Supervisor in your region as listed on the LINKS main web page.

Signature of Site Authorized Representative

Date

Site Enrollment Agreement
1/2024