

# NORTH CAROLINA IMMUNIZATION REGISTRY (NCIR) PROVIDER AGREEMENT

Facility/Practice Name:	
Lead Physician, PA, or FNP Name:	
License No.	
Medicaid or NPI No.	
Physical Address:	
City, State and Zip Code:	
County Located:	
Phone and Fax Number:	
Business Email Address for Lead Physician:	

Name of NCIR Administrators for your organization: (Requires two):

Primary Administrator:

Business-Email Address:

Phone number: (     )     -                      Fax Number: (     )     -

Secondary Administrator:

Business-Email Address:

Phone number: (     )     -                      Fax Number: (     )     -

How many people in your practice/organization will be accessing the NCIR?

Is your practice/organization considered private, public, or county-owned?

**Providers Practicing at This Facility:**

Provider Name:	Title:	License No.	Medicaid or NPI No.

# NORTH CAROLINA IMMUNIZATION REGISTRY (NCIR) PROVIDER AGREEMENT

## North Carolina Department of Health and Human Services North Carolina Immunization Program (NCIP)

### NORTH CAROLINA IMMUNIZATION REGISTRY AGREEMENT (2024 NCIR)

The purpose of this agreement is to authorize \_\_\_\_\_ (Specify Name of Organization) to access the North Carolina Immunization Registry (NCIR) and fulfill all NCIP program requirements. The conditions of the agreement listed below are effective for calendar year 2024 and/or annual re-enrollment:

The lead physician signing this agreement shall:

1. Ensure the North Carolina Immunization Branch is provided with an active, up-to-date business Internet e-mail address for your NCIR administrator to allow for Branch contact/communication (see space provided below).
2. Designate a minimum of two NCIR Administrators to be responsible for the maintenance of all organization specific information including users, sites, and clinicians. This will ensure if the primary administrator is unavailable, the backup can perform the necessary NCIR functions. Deactivate all users immediately should they leave your practice or are assigned to different duties within the organization.
3. Require all new and existing users accessing the NCIR under your authority to sign a *User Confidentiality Agreement* annually or more often as needed. The agreement must be made available to the Immunization Branch upon request.
4. As much as possible, assure that all patient names entered into the NCIR reflect the patient’s true, legally-documented, complete name (e.g. birth certificate).
5. Completely and accurately document, for each patient receiving an immunization service from your facility: historical immunization information from a valid certificate of immunization, administration of immunizations by clinical staff, vaccine adverse events when they occur, and any contraindications identified during the immunization screening process.
6. Ensure your facility has a contingency plan in place for use during periods of internal Internet disruption and/or NCIR outages.
7. Acknowledge and agree that the NCIR Immunization Scheduler is a tool that provides general recommendations and does not make medical decisions. It is not a substitute for competent, properly trained, and knowledgeable staff who brings professional judgment and analysis to the information presented by the software.
8. Record all vaccines into the NCIR at the time of administration or by the close of business the day the immunization is given.
9. Record the following for each dose of vaccine administered from inventory in the NCIR: (a) vaccine name and the manufacturer, (b) lot number, (c) date of administration, (d) administration site and route, (e) date the relevant current VIS was given, (f) date printed on the VIS, and (g) name, address, and title of the provider who administered the vaccine.
10. Provide a signed immunization record, at no charge to the parent, guardian, or patient, each time an immunization is given as specified in G.S. 130A-154 and when needed for schools, childcare facilities, colleges/universities, or wherever immunization records are required. Keep immunization records, either electronically or in paper form, according to the retention of medical records position statement of the North Carolina Medical Board.
11. Share immunization data upon request as specified in G.S. 130A-153 and 15A NCAC 19A .0406.
12. Assume responsibility for the staff who are NCIR users. Ensure all current and new staff are fully trained and receive ongoing NCIR training and do not share NCIR usernames and/or passwords with any other individual either internal or external of their agency.
13. Report adverse reactions as they occur directly to the Vaccine Adverse Events Reporting System (VAERS).
14. Record vaccine contraindications in the NCIR when identified.

The Immunization Branch or the Provider may terminate this agreement at any time for personal reasons or failure to comply with all conditions of this agreement. The conditions of this agreement are subject to change.

I understand the terms of this agreement and agree to comply with this agreement and the rules promulgated by the State of North Carolina.

* MD, DO, PA, or NP Signature (DO NOT USE A STAMP)	* MD, DO, PA, or NP Name (PRINT OR STAMP)	* Federal Tax Identification # for the Facility	* MD, DO, PA, or NP License # Date

**E-mail Address of NCIR Administrators:** \_\_\_\_\_

**\* Required**

# NORTH CAROLINA IMMUNIZATION REGISTRY (NCIR) PROVIDER AGREEMENT

## INSTRUCTIONS FOR NCIR ONLY PROVIDER AGREEMENT

### PURPOSE:

This document constitutes a legal agreement under which the North Carolina Immunization Branch may provide access to the secure internet-based North Carolina Immunization Registry (NCIR) for an organization to obtain immunization information.

### PREPARATION:

1. Prepare an original and a copy.
2. Print or type the organization's name.
3. The signature must be of a Medical Doctor, Doctor of Osteopathy, Physicians Assistant, or a Nurse Practitioner licensed to practice medicine in North Carolina.
4. The physician's signature must be an original; a stamp is not acceptable.
5. The agreement shall be available for review by Immunization Branch personnel.

### DISTRIBUTION:

1. **Mail: Immunization Branch**  
**1917 Mail Service Center**  
**Raleigh, North Carolina 27699-1917**  
**Fax: Immunization Branch**  
**919-870-4824**
2. Retain a copy for your records.

### DISPOSITION:

Completed (signed and dated) form must be retained until participation in the NCIR ends and for ten years following the end of the calendar year in which the agreement is terminated. If a notice of a claim or lawsuit has been made, this agreement(s) should be retained until after final disposition of the claim or litigation (including appeals).

# NORTH CAROLINA IMMUNIZATION REGISTRY (NCIR) PROVIDER AGREEMENT

## **INSTRUCTIONS FOR NCIR USER CONFIDENTIALITY AGREEMENT**

### **PURPOSE:**

This document constitutes an agreement between employee and employer.

### **PREPARATION:**

1. Print or type the practice's name
2. The Employee signature must be an original; a stamp is not acceptable.
3. The agreement shall be available for review by Immunization Branch personnel.

### **DISPOSITION:**

Completed (signed and dated) form must be retained in the facility until participation ends.

**The NCIR User Confidentiality agreement should not be returned to the NC Immunization Branch but kept on file in the Provider office and available for review by the Department.**

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NORTH CAROLINA IMMUNIZATION REGISTRY (NCIR) PROVIDER AGREEMENT

**North Carolina Immunization Registry  
User Confidentiality Agreement**

As a user of the North Carolina Immunization Registry under \_\_\_\_\_,  
(Name of Practice/Organization)

I agree to abide by the following policies:

1. Use information contained in the registry only for purposes for which it is intended.
2. Release Immunization information only to those parties allowed access by North Carolina law and North Carolina administrative code.
3. Keep all information contained in the registry confidential.
4. Keep my assigned user ID and password confidential.
5. Report any violations of this confidentiality agreement.

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Employee Name (Please Print)

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Employee Signature/Date

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NCIR Administrator Signature(primary administrator)/Date