

Pandemic Pledge Form 2020

Oklahoma State Department of Health Pandemic Pledge To Serve

Coordination between public health programs and private providers in pandemic planning and response is essential to expanding public access to pandemic vaccination. Coordination ultimately saves lives by leveraging the strengths of all partners, including existing vaccine management, distribution, and administration infrastructures, resulting in earlier and more broadly available pandemic vaccination. The purpose of this pledge is to utilize the existing infrastructure of public and private health programs to assist in rapidly providing pandemic vaccinations to the general public during a pandemic.

Prior to submitting your clinic's Pandemic Provider information, you must sign the Oklahoma State Immunization Information System (OSIIS) Authorized Site Agreement on the next page. This agreement ensures your clinic has access to the state immunization registry (OSIIS), where you will be required to document the administration of pandemic vaccines. This allows Oklahoma State Department of Health to accurately determine the number of immunizations which have been administered, a critical step in the control of a pandemic.

Questions regarding this pledge and the information contained herein can be addressed to the Immunization Service team at Immunize@health.ok.gov.

**Oklahoma State Immunization Information System (OSIIS)
AUTHORIZED SITE AGREEMENT
for Pandemic Providers**

The Oklahoma State Immunization Information System (“OSIIS”) is a confidential, comprehensive database of immunizations administered to Oklahomans by participating providers. Access to OSIIS is granted only for the purposes of recording and/or verifying immunization requirements. This information is to be shared on an as needed basis only with school officials, public health officials, child care centers, other health care professionals or health institutions, the person’s legal guardian, or other institutions required by law to collect immunization records. All records are considered confidential protected health information (“PHI”) and are covered by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). All Authorized Sites and their users shall obtain and document authorization from the individual (or the individual’s parent or legal guardian, if applicable) for the use and disclosure of protected health information unless the disclosure is for treatment, payment, or health care operations, or is otherwise permitted under applicable federal or state laws, rules, and/or regulations. All Authorized Sites and their users shall retain documentation of any such authorizations for at least six (6) years and shall produce copies to the Oklahoma Immunization Service upon request. The Oklahoma Immunization Service will periodically monitor and audit usage of OSIIS to ensure compliance with this Agreement, user agreements, the Confidentiality and Security Policy for OSIIS, and applicable federal and state law. The Oklahoma Immunization Service may terminate this Agreement and access to OSIIS at any time for any reason, including, but not limited to, a determination that the Authorized Site or any user has failed to comply with the terms and conditions of this Agreement.

The Authorized Site is responsible for providing any computer equipment and/or electronic communications necessary for use of OSIIS. The Authorized Site and its users shall implement appropriate administrative, technical, physical, and security safeguards in compliance with HIPAA that reasonably and appropriately safeguard and protect the confidentiality of PHI. Authorized Sites and users responsible for entering demographic and immunization information into OSIIS agree to do so in a timely manner.

The Authorized Site shall designate an OSIIS Site Administrator to be responsible for use of OSIIS by the Authorized Site and its users. The OSIIS Site Administrator is responsible for:

- Authorizing and activating users and assigning user security within this site;
- Ensuring that each user has signed an OSIIS User Agreement (each agreement will be kept on site by the OSIIS Site Administrator and will be retained for at least six (6) years following the deactivation of the user’s access);
- Providing oversight to ensure that users are timely deactivated when no longer affiliated with the Authorized Site;
- Ensuring that each user has his/her own user name and password;
- Notifying the Oklahoma Immunization Service of any changes to the Authorized Site’s information, including, but not limited to, name, address, phone/number, site administrator,

and closing of the Authorized Site;
Ensuring compliance with the Confidentiality and Security Policy for OSIS; and
Reporting to the Oklahoma Immunization Service any unauthorized use or disclosure of PHI
or other material breach of this Agreement, the user agreements, or applicable law within 24
hours of discovery.

By clicking this box the Authorized Site, on behalf of itself and each of its users, attests
and certifies that it has read, understood, and agrees to the terms and conditions presented
in this Agreement.

Questions marked with an asterisk (*) are required.

Facility Name and Contact Information*:

Facility Name _____

Facility Phone _____

Facility Fax _____

Are you currently an OSIS user?*

Yes

No

Display This Question:

If Are you currently an OSIS user? = Yes*

OSIS ID #

Not required. Your OSIS ID may be found by logging into your OSIS account.

Display This Question:

If Are you currently an OSIIS user? = Yes*

OSIIS Site Administrator*:

Last Name _____

First Name _____

Phone _____

Email _____

Is this a Vaccines For Children (VFC) provider site?*

Yes

No

Display This Question:

If Is this a Vaccines For Children (VFC) provider site? = Yes*



VFC PIN #*:

Your VFC PIN # is a 6-digit number.

Facility Mailing Address*:

Address _____

City _____

State _____

Postal Code _____

County*:

- | | | | |
|---------------------------------|---------------------------------|---------------------------------|------------------------------------|
| <input type="radio"/> ADAIR | <input type="radio"/> DELAWARE | <input type="radio"/> LINCOLN | <input type="radio"/> PITTSBURG |
| <input type="radio"/> ALFALFA | <input type="radio"/> DEWEY | <input type="radio"/> LOGAN | <input type="radio"/> PONTOTOC |
| <input type="radio"/> ATOKA | <input type="radio"/> ELLIS | <input type="radio"/> LOVE | <input type="radio"/> POTTAWATOMIE |
| <input type="radio"/> BEAVER | <input type="radio"/> GARFIELD | <input type="radio"/> MAJOR | <input type="radio"/> PUSHMATAHA |
| <input type="radio"/> BECKHAM | <input type="radio"/> GARVIN | <input type="radio"/> MARSHALL | <input type="radio"/> ROGER MILLS |
| <input type="radio"/> BLAINE | <input type="radio"/> GRADY | <input type="radio"/> MAYES | <input type="radio"/> ROGERS |
| <input type="radio"/> BRYAN | <input type="radio"/> GRANT | <input type="radio"/> MCCLAIN | <input type="radio"/> SEMINOLE |
| <input type="radio"/> CADDO | <input type="radio"/> GREER | <input type="radio"/> MCCURTAIN | <input type="radio"/> SEQUOYAH |
| <input type="radio"/> CANADIAN | <input type="radio"/> HARMON | <input type="radio"/> MCINTOSH | <input type="radio"/> STEPHENS |
| <input type="radio"/> CARTER | <input type="radio"/> HARPER | <input type="radio"/> MURRAY | <input type="radio"/> TEXAS |
| <input type="radio"/> CHEROKEE | <input type="radio"/> HASKELL | <input type="radio"/> MUSKOGEE | <input type="radio"/> TILLMAN |
| <input type="radio"/> CHOCTAW | <input type="radio"/> HUGHES | <input type="radio"/> NOBLE | <input type="radio"/> TULSA |
| <input type="radio"/> CIMARRON | <input type="radio"/> JACKSON | <input type="radio"/> NOWATA | <input type="radio"/> WAGONER |
| <input type="radio"/> CLEVELAND | <input type="radio"/> JEFFERSON | <input type="radio"/> OKFUSKEE | <input type="radio"/> WASHINGTON |
| <input type="radio"/> COAL | <input type="radio"/> JOHNSTON | <input type="radio"/> OKLAHOMA | <input type="radio"/> WASHITA |
| <input type="radio"/> COMANCHE | <input type="radio"/> KAY | <input type="radio"/> OKMULGEE | <input type="radio"/> WOODS |

- COTTON
- KINGFISHER
- OSAGE
- CRAIG
- KIOWA
- OTTAWA
- CREEK
- LATIMER
- PAWNEE
- CUSTER
- LEFLORE
- PAYNE

Is the Shipping Address the same as the Mailing Address?*

- Yes
- No

Display This Question:
If Is the Shipping Address the same as the Mailing Address? = No*

Facility Shipping Address*:

- Address _____
- City _____
- State _____
- Postal Code _____

Display This Question:
If Is the Shipping Address the same as the Mailing Address? = No*

County*:

- | | | | |
|---------------------------------|----------------------------------|---------------------------------|------------------------------------|
| <input type="radio"/> ADAIR | <input type="radio"/> DELAWARE | <input type="radio"/> LINCOLN | <input type="radio"/> PITTSBURG |
| <input type="radio"/> ALFALFA | <input type="radio"/> DEWEY | <input type="radio"/> LOGAN | <input type="radio"/> PONTOTOC |
| <input type="radio"/> ATOKA | <input type="radio"/> ELLIS | <input type="radio"/> LOVE | <input type="radio"/> POTTAWATOMIE |
| <input type="radio"/> BEAVER | <input type="radio"/> GARFIELD | <input type="radio"/> MAJOR | <input type="radio"/> PUSHMATAHA |
| <input type="radio"/> BECKHAM | <input type="radio"/> GARVIN | <input type="radio"/> MARSHALL | <input type="radio"/> ROGER MILLS |
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| <input type="radio"/> CARTER | <input type="radio"/> HARPER | <input type="radio"/> MURRAY | <input type="radio"/> TEXAS |
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| <input type="radio"/> CHOCTAW | <input type="radio"/> HUGHES | <input type="radio"/> NOBLE | <input type="radio"/> TULSA |
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| <input type="radio"/> CLEVELAND | <input type="radio"/> JEFFERSON | <input type="radio"/> OKFUSKEE | <input type="radio"/> WASHINGTON |
| <input type="radio"/> COAL | <input type="radio"/> JOHNSTON | <input type="radio"/> OKLAHOMA | <input type="radio"/> WASHITA |
| <input type="radio"/> COMANCHE | <input type="radio"/> KAY | <input type="radio"/> OKMULGEE | <input type="radio"/> WOODS |
| <input type="radio"/> COTTON | <input type="radio"/> KINGFISHER | <input type="radio"/> OSAGE | <input type="radio"/> WOODWARD |
| <input type="radio"/> CRAIG | <input type="radio"/> KIOWA | <input type="radio"/> OTTAWA | |
| <input type="radio"/> CREEK | <input type="radio"/> LATIMER | <input type="radio"/> PAWNEE | |
| <input type="radio"/> CUSTER | <input type="radio"/> LEFLORE | <input type="radio"/> PAYNE | |

Facility Type*:

<input type="radio"/> CHD	<input type="radio"/> Private
<input type="radio"/> DHS	<input type="radio"/> Public
<input type="radio"/> FQHC	<input type="radio"/> RHC
<input type="radio"/> Hospital - Private	<input type="radio"/> School
<input type="radio"/> Hospital - Public	<input type="radio"/> State/Federal Agency
<input type="radio"/> IHS	<input type="radio"/> OSDH - Central Office
<input type="radio"/> Military	<input type="radio"/> Pharmacy

Display This Question:

If Facility Type = School*

Enter your district name and code

School District Name _____

School District Code _____

Office Hours (AM – PM)*:

Example: Mon–Fri: 8AM–5:30PM, Lunch: 12:00–1:00 PM, Sat–Sun: closed.

Are the hours you accept deliveries the same as your office hours?*

Yes

No

Display This Question:

If Are the hours you accept deliveries the same as your office hours? = No*

Delivery Hours (AM – PM)*:

Example: Mon–Fri: 8AM–5:30PM, Lunch: 12:00–1:00 PM, Sat–Sun: closed.

Medical Director or Equivalent Information:

Last Name* _____

First Name* _____

Middle Initial _____

Medical Director or Equivalent Information*:

Title	<input type="radio"/> MD	<input type="radio"/> DO	<input type="radio"/> APRN	<input type="radio"/> PA	<input type="radio"/> Other
Specialty	<input type="radio"/> Family Medicine	<input type="radio"/> Internal Medicine	<input type="radio"/> OB/GYN	<input type="radio"/> Pediatrics	<input type="radio"/> Other

Display This Question:

If Medical Director or Equivalent Information = Specialty (Other)*

If other Specialty, please indicate below*:

Primary Pandemic Vaccine Contact*:

(This may or may not be your VFC Primary Contact)

Last Name _____

First Name _____

Telephone _____

Email _____

Is there a Back-up Pandemic Vaccine Contact?*

(This may or may not be your VFC Back-up Contact)

Yes

No

Display This Question:

If Is there a Back-up Pandemic Vaccine Contact?(This may or may not be your VFC Back-up Contact) = Yes*

Back-up Pandemic Vaccine Contact*:
(This may or may not be your VFC Back-up Contact)

Last Name _____

First Name _____

Telephone _____

Email _____

Cubic Feet of*:

Refrigerator _____

Freezer _____

Does this facility use a continuous monitoring thermometer?*

Yes

No

Display This Question:

If Does this facility use a continuous monitoring thermometer? = Yes*

Type of continuous monitoring thermometer:

Does this provider serve the 0-18 years population?*

Yes

No

Does this provider serve the 19+ years population?*

Yes

No

Maximum available storage capacity (in doses)

Maximum number of dedicated vaccinators*

Vaccine administration per day*

Memorandum of Agreement

between **The Oklahoma State Department of Health** and

Provider Name _____

For Planning and Responding to a Pandemic This Memorandum of Agreement (MOA) sets forth the terms of an understanding between the Oklahoma State Department of Health (OSDH) and

Provider Name _____

for the purposes of coordinating vaccine distribution during a public health emergency.

Before signing this form, you must read and agree to the Memorandum of Agreement (MOA) between providers and the Oklahoma State Department of Health. Click the link to be directed to the [MOA for Pandemic Providers](#).

By clicking this box the Provider, on behalf of itself and each of its users, attests and certifies that he/she has read, understood, and agrees to the terms and conditions presented in the Memorandum of Agreement.

Today's Date

Medical Director or Equivalent Authorized Signature Information

Last Name _____

First Name _____

Medical Director or Equivalent Authorized Signature:

The execution of this agreement is fully authorized and the party signing below is not under any legal disability. By signing this form, I certify on behalf of myself and all immunization providers in this facility, that I have read and agree to the OSIIS Authorized Site Agreement for Pandemic Providers and the Memorandum of Agreement and am accountable for compliance with these requirements related to the receipt, storage and handling, administration, and documentation of vaccine received in response to a pandemic.