

**For DOH Use Only**

Date approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request to Transmit Vaccination Data via HL7 to PIERS**

This form is to be used by technical staff familiar with the HL7 interface that your facility will utilize. To be considered for integration through HL7, the facility must complete testing to certify HL7 message configuration meets national standards as adopted by the Bureau of Immunizations (BOI).

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| **APPLICANT INFORMATION** | |
| **PIERS Clinic ID (if known):** | Click or tap here to enter text. |
| **VFC PIN (if known):** | Click or tap here to enter text. |
| **Parent Organization (if applicable):**  Does your facility belong to a healthcare network? | Click or tap here to enter text. |
| **Clinic Information:** |  |
| Clinic name: | Click or tap here to enter text. |
| Street Address 1: | Click or tap here to enter text. |
| Street Address 2: | Click or tap here to enter text. |
| City, State, Zip: | Click or tap here to enter text. |
| **Clinic HL7 coordinator contact information:** | |
| Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Phone number | Click or tap here to enter text. |
| **SOFTWARE INFORMATION** | |
| **EMR/Software Product:**  (name and version) | Click or tap here to enter text. |
| **ONBOARDING AND REPORTING REQUIREMENTS** | |
| 1. Facility must become familiar with the HL7 standards published at <https://www.health.pa.gov/topics/Reporting-Registries/PIERS/Pages/HL7.aspx> 2. Facility must test HL7 messaging against PIERS QA Environment. The facility must establish connectivity and then test the required scenarios once test results are reviewed and approved. 3. Upon receipt of the credentials for HL7 testing in the PIERS QA environment, the facility may establish connectivity to complete the required test scenarios (for more information regarding testing requirements, please reference the testing documentation at <https://www.health.pa.gov/topics/Reporting-Registries/PIERS/Pages/PIERS-Library.aspx> 4. Upon successful transmittal and self-verification of HL7 testing scenarios, the facility should contact BOI at RA-DHPIERSHL7@pa.gov or by phone to request validation of completed testing scenarios.    1. Please familiarize yourself with the PIERS error response codes. Some informational errors will not prevent successful transmittal. 5. Upon promotion to the PIERS production environment, BOI will provide confirmation that the facility may begin transmitting HL7 data. 6. Facility may be contacted by the BOI in the future as part of continuing resolution of warning-level errors. Please keep all facility HL7 contact information updated within your PIERS clinic profile via PIERS web access. For more information on updating your clinic profile, please consult the PIERS Staff Updates Quick Reference Sheet at <https://www.health.pa.gov/topics/Reporting-Registries/PIERS/Pages/QRS.aspx> | |
| **AUTHORIZED REPRESENTATIVE OF THIS ORGANIZATION** | |
| My signature below attests that I am an authorized representative of this organization and that the information I have provided on this form is true and correct to the best of my knowledge. I have thoroughly reviewed and will adhere to the requirements set forth therein.  I understand that the information in PIERS is protected health information under the Health Insurance Portability and Accountability Act (HIPAA), Privacy Rule 45 CFR 164.512(b), and the Disease Prevention and Control Law, Title 28, Chapter 27 Communicable and Noncommunicable Disease Regulations. | |
| **NAME:** | Click or tap here to enter text. |
| **TITLE:** | Click or tap here to enter text. |
| **SIGNATURE:** | Click or tap here to enter text. |
| **DATE:** | Click or tap here to enter text. |

**SUBMIT THIS COMPLETED FORM TO THE FOLLOWING:**

Pa. Dept. of Health **Email**: RA-DHPIERSHL7@pa.gov

Bureau of Immunizations **Fax:** 717-214-7223

Immunization Registry