



INDIVIDUAL USER AGREEMENT

To participate in the Louisiana Immunization Network (LINKS) System

Site Manager or Other Site Designee:

Please complete the following information for anyone in your practice who will need access to LINKS. Each individual must sign this form prior to receiving a User ID and Password. Complete and return this form with the Provider Enrollment Agreement. When an authorized user leaves this site, the site manager or designee must send the Remove User form to the LINKS program office within 1 week of that employee's last day of employment.

By signing below, each user acknowledges the following:

- He/she has read and agrees to abide by the LINKS Confidentiality Policy.
- Information contained in LINKS is confidential and can only be used for those purposes outlined in the LINKS Confidentiality Policy.
- Each user is responsible for safeguarding his/her User ID and Password.
- User ID and/or Password must not be given to others.
- LINKS User IDs and Passwords must not be posted any place.
- Individual LINKS Passwords should be changed periodically to protect security.
- The computer should not be left unattended when a LINKS session is open.
- Always log off and close the browser when you are finished with a LINKS session.

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

Name of Site and Location: _____

City and Parish: _____ **Date:** _____

Individuals who need LINKS access please PRINT information below :

First Name	Last Name	Position/Title	Email	Signature	Prior LINKS access (Y/N)

Please copy additional sheets as necessary.

REMEMBER TO RETURN THIS FORM WITH THE LINKS PROVIDER ENROLLMENT AGREEMENT