

Meaningful Use Stage 2 Registration of Intent

1. Did you complete all registration requirements with the Centers for Medicare & Medicaid Services (CMS)? Yes No
2. Are you already enrolled as an active SAIRS immunization provider? Yes No
3. Do you intend to submit (or you are already submitting) reportable immunization information to SAIRS via electronic data exchange using your certified EMR/EHR system? Yes No

*If you answered **YES to all** of the questions above, then please provide the information requested below.*

Practice/ Facility Name:

Practice Contact Person for Immunization Interface/ Meaningful Use:

Direct Phone Number:

Email Address:

EMR/ EHR Vendor:

Other EMR Info:

By providing this information, I understand that this will serve as my practice/ facility registration of intent for Meaningful Use Stage 2 Core Objective #16 with the City of San Antonio Metropolitan Health District, effective on the date of my signature.

Signature

Date

Please submit this completed form to:
Email: SAIRS2@sanantonio.gov or Fax: (210) 207-0751 (Att: SAIRS Management Analyst)

What to expect next:

You will receive an email with your current on-boarding status.

1. Waiting for an on-boarding invitation from SAIRS
2. Invited to on-board
3. Currently on-boarding
4. In production (SAIRS will provide an acknowledgement of achieving successful ongoing submission.)

For more information on the Meaningful Use process for Core Objective 16, please visit:

<http://www.sanantonio.gov/health/healthprofessionals/immunizationregistry>