

**Wyoming Department of Health  
Behavioral Health Division  
Early Intervention and Education Program  
Early Hearing Detection and Intervention (EHDI) Program  
715 Shield Street  
Laramie, WY 82072  
307-721-6212 (voice)  
307-721-6313 (fax)**

## Provider Enrollment Agreement

The Wyoming Early Hearing Detection and Intervention (EHDI) Program uses a web-based database operated by the Wyoming Department of Health (WDH) Behavioral Health Division, Early Intervention and Education Program, EHDI Program. Enrolled providers can obtain vision screening information for children, including tracking and recall. Child information is confidential and is only available to the authorized users of the registry. The vision screening records of all children in Wyoming may be included in the system. An individual or parent or guardian may choose not to have their child's records included in the database or withdraw at any time.

Name of Provider Organization:		Type of Organization: Public _____ Private _____	
Number of Early Intervention Sites in Organization:			
Provider/Organization's Representative:			
Title of the Organization's Representative:			
Street address:			
City:	State:	Zip:	
Phone: ( )	FAX: ( )	E-mail:	

As a condition of participating in the Wyoming EHDI Database the above Provider enters into this agreement with the Wyoming Department of Health, and agrees to the following:

- To use the Wyoming EHDI Database only for the vision needs of children. The Provider and his or her staff will access the registry to:
  - Assure appropriate follow-up vision screenings,
  - Assure appropriate medical follow-up,
  - Assure appropriate vision evaluations,
  - Assure appropriate enrollment in early intervention,
  - Conduct ongoing vision management.
- If this agreement is violated by any use of the database in an unauthorized manner, WDH reserves the right to terminate access to the database.
- The Provider shall abide by the requirements in the Individual User and Confidentiality Agreement, which is incorporated by reference into this agreement. Each staff member needing access to the Wyoming EHDI Database must sign the Wyoming EHDI Individual User and Confidentiality Agreement, which must be kept with the employee's Personnel File.

- The Provider acknowledges that unauthorized disclosure of confidential information may result in civil and/or criminal penalties. The Provider will take all reasonable steps to assure employee compliance with confidentiality requirements.
- The Provider shall cooperate with WDH in notifying parents or guardians about the system.
- The Provider shall furnish specified demographic and vision information about children's vision screenings on a prompt basis, striving for submission within one week after screening results are obtained.

Signing this form signifies agreement to be a Wyoming EHDI Program authorized user. Please sign the form, keep a copy for yourself, and mail the original to the Wyoming Department of Health, Behavioral Health Division, Early Intervention and Education Program, EHDI Program, 715 Shield Street, Laramie, WY 82072.

\_\_\_\_\_  
Signature of Provider or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Wyoming Department of Health  
Behavioral Health Division, Early Intervention and Education  
Program Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Wyoming EHDI Program Manager

\_\_\_\_\_  
Date