

**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 dental screening information for children, including tracking and recall. Child information is confidential and is only available to the authorized users of the registry. The dental 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 dental needs of children. The Provider and his or her staff will access the registry to:
 - Assure appropriate follow-up dental screenings,
 - Assure appropriate medical follow-up,
 - Conduct ongoing dental 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 dental information about children's dental 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