STANDARD OPERATING PROCEDURE

Requesting Access to the Louisiana Immunization Network (LINKS) for Coroners

Effective Date	August 14, 2026
Prepared By	Louisiana Department of Health – Immunization Program

PURPOSE

To provide step-by-step instructions for coroners (per Senate Bill 29) requesting access to the Louisiana Immunization Network System (LINKS).

SCOPE

This procedure applies to Louisiana-based coroners seeking access to Louisiana immunization records through LINKS.

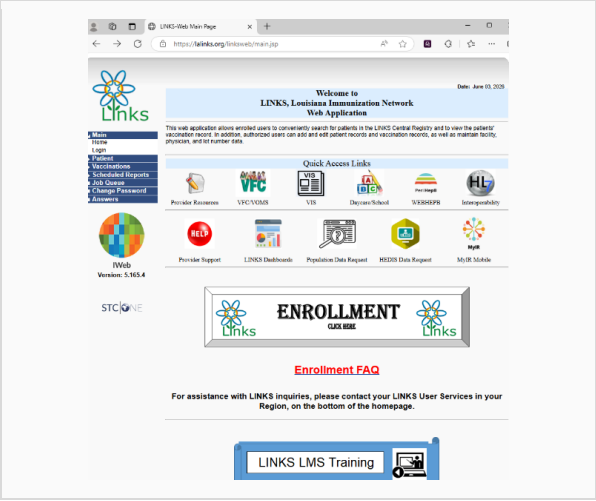
DEFINITIONS

LINKS (Louisiana Immunization Network System): Louisiana's statewide Immunization Information System (IIS) operated by the Louisiana Department of Health.

PROCEDURE

STEP 1: Navigate to the LINKS Homepage

1. Open an internet browser (Chrome, Edge, or Firefox recommended).
2. Navigate to the LINKS Homepage: https://lalinks.org/linksweb/main.jsp



STEP 2: Locate Enrollment Documents

1. On the LINKS Homepage, locate the Provider Resources section.

2. Select the New Site Enrollment Packet.

The enrollment packet contains:

- Site Enrollment Agreement
- Individual User Agreement
- Additional enrollment forms as required

Reference: *Enrollment documents are located within the Provider Resources section of the LINKS homepage.*

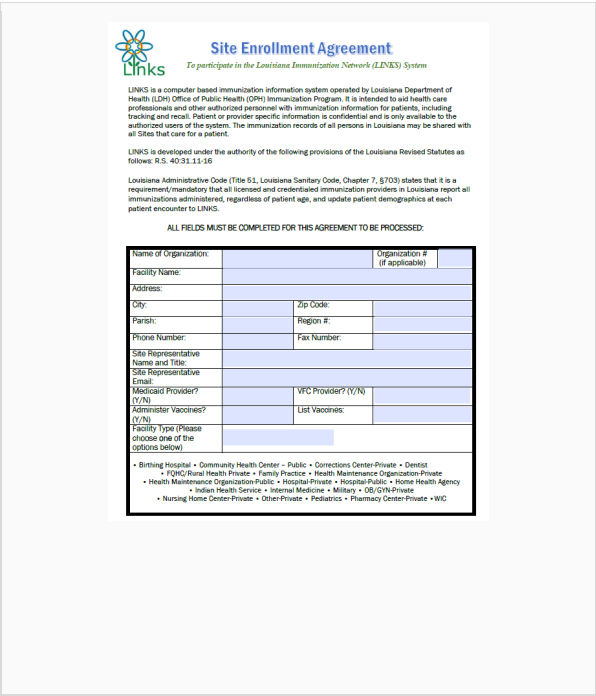
STEP 3: Complete the Site Enrollment Agreement

Use the highlighted information below and complete all required fields on the Site Enrollment Agreement.

Required information includes:

- Facility Name
- Physical Address
- Parish
- Region
- Phone Number
- Site Representative Name
- Site Representative Email
- Organization Name: **Louisiana Coroner's Office**
- Organization Number: **1095**
- Facility Type: **Coroner's Office**

All required fields must be completed before processing can occur.


Site Enrollment Agreement

To participate in the Louisiana Immunization Network (LINKS) System

LINKS is a computer based immunization information system operated by Louisiana Department of Health (LDH) Office of Public Health (OPH) Immunization Program. It is intended to aid health care professionals and other authorized personnel with immunization information for patients, including tracking and recall. Patient or provider specific information is confidential and is only available to the authorized users of the system. The immunization records of all persons in Louisiana may be shared with all Sites that care for a patient.

LINKS is developed under the authority of the following provisions of the Louisiana Revised Statutes as follows: R.S. 40:31.11-16

Louisiana Administrative Code (Title 51, Louisiana Sanitary Code, Chapter 7, §703) states that it is a requirement/mandatory that all licensed and credentialed immunization providers in Louisiana report all immunizations administered, regardless of patient age, and update patient demographics at each patient encounter to LINKS.

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

Name of Organization:		Organization # (if applicable)	
Facility Name:			
Address:			
City:		Zip Code:	
Parish:		Region #:	
Phone Number:		Fax Number:	
Site Representative Name and Title:			
Site Representative Email:			
Medicaid Provider? (Y/N)		VFC Provider? (Y/N)	
Administer Vaccines? (Y/N)		List Vaccines:	
Facility Type (Please choose one of the options below)			

• Birthing Hospital • Community Health Center – Public • Corrections Center-Private • Dentist • FQHC/Rural Health Private • Family Practice • Health Maintenance Organization-Private • Health Maintenance Organization-Public • Hospital-Private • Hospital-Public • Home Health Agency • Indian Health Service • Internal Medicine • Military • OB/GYN-Private • Nursing Home Center-Private • Other-Private • Pediatrics • Pharmacy Center-Private • WIC

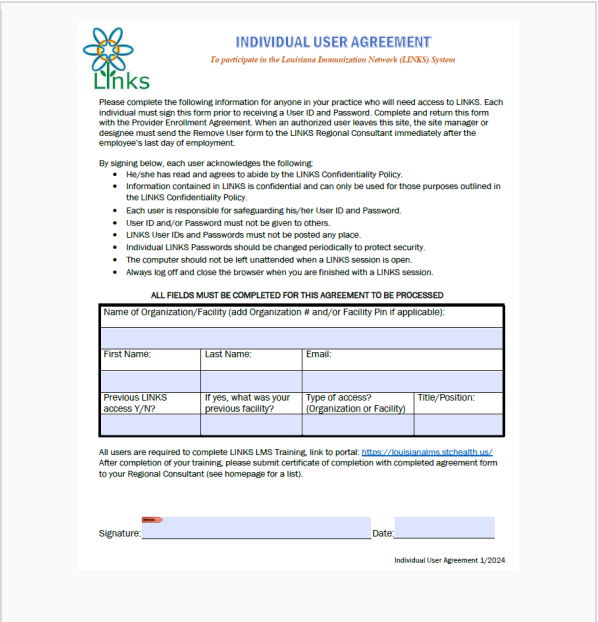
STEP 4: Complete an Individual User Agreement

Each authorized user requesting access must complete a separate Individual User Agreement.

Required information includes:

- First Name
- Last Name
- Email Address
- Previous LINKS Access (if applicable)
- Previous Facility (if applicable)
- Access Type
- Job Title/Position

Each individual user must sign the agreement before a User ID and Password can be issued.



INDIVIDUAL USER AGREEMENT

To participate in the Louisiana Immunization Network (LINKS) System

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 Regional Consultant immediately after the 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 AGREEMENT TO BE PROCESSED

Name of Organization/Facility (add Organization # and/or Facility Pin if applicable):			
First Name:	Last Name:	Email:	
Previous LINKS access Y/N?	If yes, what was your previous facility?	Type of access? (Organization or Facility)	Title/Position:

All users are required to complete LINKS LMS Training, link to portal: https://louisianalms.stchealth.us/
After completion of your training, please submit certificate of completion with completed agreement form to your Regional Consultant (see homepage for a list).

Signature: _____ Date: _____

Individual User Agreement 1/2024

STEP 5: Complete Required LINKS Training

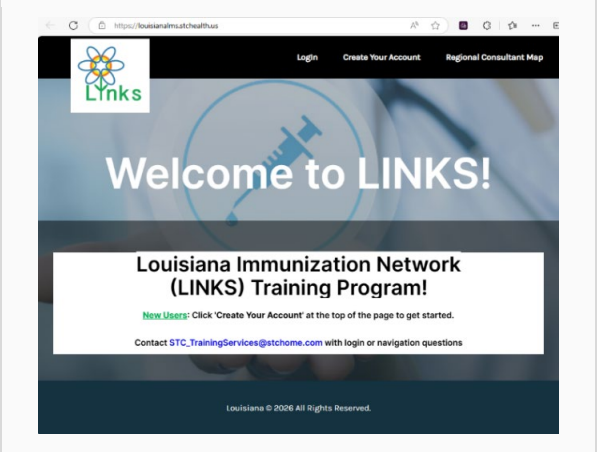
All LINKS users must complete required training through the Louisiana LINKS Learning Management System (LMS). Basic training is required for this enrollment.

Training Portal: https://louisianalms.stchealth.us/

Upon completion:

1. Download training certificates.
2. Save certificates for submission.

Training completion is required before access can be granted.



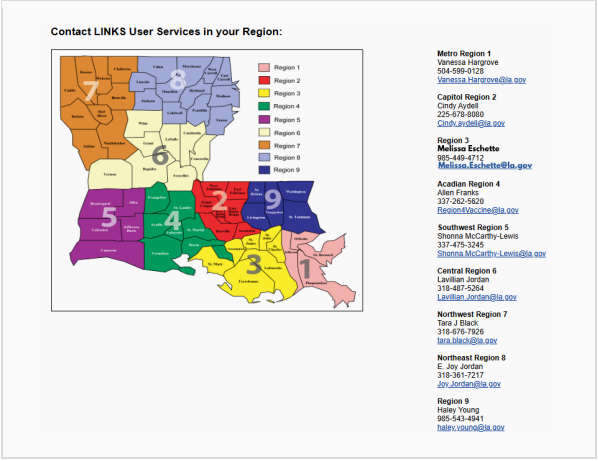
STEP 6: Submit Enrollment Packet

Submit the following documents to your Regional Immunization Program Supervisor:

Required Documents:

✓Site Enrollment Agreement
✓Individual User Agreement(s)
✓Training Certificate(s)

Reference: *Regional contacts are listed at the bottom of the LINKS Homepage and in the Enrollment FAQ. Access the LINKS Homepage here.*

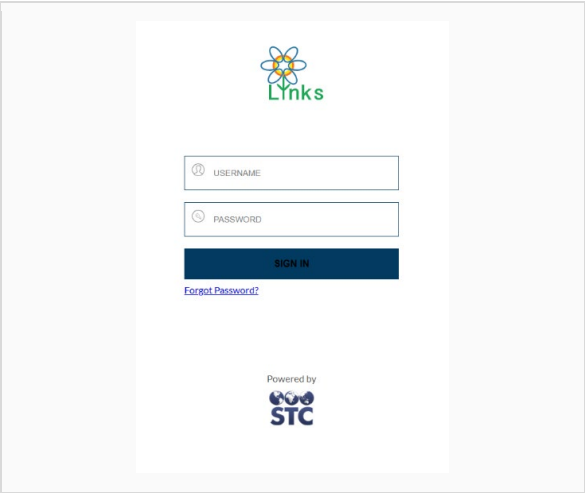


STEP 7: Await Processing

The Regional Immunization Team will:

1. Review enrollment documents.
2. Verify training completion.
3. Process access requests.
4. Create user credentials.

Please note: The enrollment process can take up to 24 hours. The Regional Immunization Program Supervisor will send credentials via email.



STEP 8: Receive LINKS Credentials

Once approved:

1. User ID will be assigned.
2. Temporary password information will be provided.
3. User may log into LINKS.

USER RESPONSIBILITIES

All authorized LINKS users must:

- Protect their User ID and Password.
- Never share login credentials.
- Log out after each session.
- Follow LINKS confidentiality requirements.
- Use LINKS only for authorized purposes.

REMOVING USER ACCESS

If an authorized LINKS user departs the organization:

1. Complete a LINKS Remove User Form.
2. Submit the form immediately to the Regional Immunization Program Supervisor.

Reference: *LINKS Remove User forms are available in the Provider Resources section of LINKS. Click here to access the form.*


Links Remove User Request

Organization Name / Facility Name:

Contact Name: Title: Email:

Please remove the following user(s) from LINKS:

	First Name	Last Name	User Name	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

TROUBLESHOOTING

My enrollment has not been approved and it's been over XXXX weeks.

Contact your Regional Immunization Program Supervisor to verify receipt of documents.

I forgot my password.

Contact your Regional Immunization Program Supervisor or LINKS support team.

I need additional users added.

Complete an Individual User Agreement for each additional authorized user and submit it to your Regional Immunization Program Supervisor.