



Indiana State Department of Health

Terminated Pregnancy Confidentiality & User Agreement

Indiana Code 16-34-2 requires all terminated pregnancies to be reported to the Indiana State Department of Health. Terminated Pregnancy Reports (TPRs) are required to be submitted electronically, through the TPR System within the Indiana State Department of Health "Gateway." This form is to be used to register Physicians and Administrative Staff, to allow access to Terminated Pregnancy system.

Web link to login into the Terminated Pregnancy system: <https://gateway.isdh.in.gov>

Please note that only a licensed physician can officially submit a TPR by utilizing a PIN that will be supplied. Administrative staff can enter all applicable information on the report, but the final submission must be done through the Physician's account with the Physician's PIN.

On page two (2) you will be asked to indicate all of the locations from which you might be submitting a TPR. Though you may practice at multiple locations, the "Permanent mailing address" at the top of the form should be the one location at which the User will receive mailed updates or information.

Send completed form to: **Indiana State Department of Health**
ATTN: Vital Records or **Fax to 317-233-5956**
2 North Meridian Street
Indianapolis, IN 46204

By signing this form, the User acknowledges the conditions under which access to the Terminated Pregnancy is granted, and agrees to be held to these conditions:

- All Users shall safeguard their user ID, password and PIN number, if applicable, and maintain system confidentiality.
- All Users shall periodically change their password and a change is REQUIRED every 365 days.
- User shall notify the Indiana State Department of Health of any changes to this information

Type of account: *new user* *I currently have a Gateway account, but need Terminated Pregnancy added to my account (Gateway ID) _____*

Please Print Legal Name of Individual Requesting Access to the System

Signature of Requesting User

State issued Operator License (Driver's License) or State ID number of User: _____

State Which Issued the Operator License _____

Date of Birth: _____

Indiana Professional Licensing number: _____
(if applicable)

Term Expires: _____/_____/_____

Terminated Pregnancy system utilize an electronic signature, this information is used to verify the identity of those requesting access to protect the integrity of the system.

Email Address of User _____

Terminated Pregnancy Facility Location Information

*Please copy and use additional sheets as necessary.

Name of User _____

Permanent mailing address of User _____

In order to ensure we received all the submitted pages, please let us how many different facility locations you are providing:
_____.

1
Facility/Location Name: _____
Indiana License number of facility (if applicable): _____ Expires: _____
Address: _____
County: _____ City: _____ State: _____
Zip: _____ Telephone number: _____
Office Manager's Name: _____ <i>(used to verify identification of callers for password re-sets)</i> Office Manager's Signature _____
What role will you play in completing the record as this location?
Terminated Pregnancy User Type: <input type="checkbox"/> Physician (License number) _____ <input type="checkbox"/> Administrative Staff
2
Facility/Location Name: _____
Indiana License number of facility (if applicable): _____ Expires: _____
Address: _____
County: _____ City: _____ State: _____
Zip: _____ Telephone number: _____
Office Manager's Name: _____ <i>(used to verify identification of callers for password re-sets)</i>
What role will you play in completing the record as this location?
Terminated Pregnancy User Type: <input type="checkbox"/> Physician (License number) _____ <input type="checkbox"/> Administrative Staff

If you have questions about completing this User Agreement, please call the Help Desk at (317) 233-7989.