



IMMUNIZATION REGISTRY (ImmTrac2) ADULT CONSENT FORM



(Please print clearly)

Grid for Last Name

Last Name

Grid for First Name

First Name

Grid for Date of Birth

Date of Birth

Grid for Address

Address

Grid for Middle Name

Middle Name

Gender: Male Female

Grid for Apartment #

Apartment #

Grid for Telephone

Telephone

Grid for City

City

Grid for State

State

Grid for Zip Code

Zip Code

Grid for County

County

Grid for Mother's First Name

Mother's First Name

Grid for Mother's Maiden Name

Mother's Maiden Name

ImmTrac2, the Texas immunization registry, is a free service of the Texas Department of State Health Services (DSHS). The immunization registry is a secure and confidential service that consolidates immunization records for public health purposes (e.g., giving all doctors treating a patient a central place to see that patient's immunization records). With your consent, your immunization information will be included in ImmTrac2. For a family member younger than 18 years of age, a parent, legal guardian, or managing conservator may grant consent for participation for that minor by completing the ImmTrac2 Minor Consent Form (# C-7). The ImmTrac2 Minor Consent Form (# C-7) can be downloaded by visiting www.ImmTrac.com.

The Texas Department of State Health Services encourages your voluntary participation in the Texas immunization registry.

Consent for Registration and Release of Immunization Records to Authorized Persons / Entities

I understand that, by granting the consent below, I am authorizing release of my immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry, ImmTrac2. Once in ImmTrac2, my immunization information may by law be accessed by:

- a Texas physician, or other health care provider legally authorized to administer vaccines, for treatment of the individual as a patient;
a Texas school in which the individual is enrolled;
a Texas public health district or local health department, for public health purposes within their areas of jurisdiction;
a state agency having legal custody of the individual;
a payor, currently authorized by the Texas Department of Insurance to operate in Texas for immunization records relating to the specific individual covered under the payor's policy.

I understand that I may withdraw this consent at any time.

By my signature below, I GRANT consent for registration. I wish to INCLUDE my information in the Texas immunization registry.

Individual (or individual's legally authorized representative):

Printed Name

Date

Signature

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Upon completion, please fax or mail form to the DSHS ImmTrac2 Group or a registered Health-care provider.

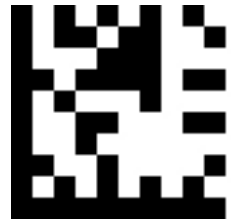
Questions? (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • www.ImmTrac.com

Texas Department of State Health Services • ImmTrac2 Group – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

PROVIDERS REGISTERED WITH ImmTrac2: Please enter client information in ImmTrac2 and affirm that consent has been granted. DO NOT fax to ImmTrac2. Retain this form in your client's record.



REGISTRO DE VACUNAS (ImmTrac2)
FORMULARIO DE CONSENTIMIENTO
PARA ADULTOS



(Favor de escribir claramente con letra de molde)

Grid for last name

Apellido

Grid for first name

Primer Nombre

Grid for birth date

Fecha de Nacimiento

Grid for address

Dirección

Grid for city

Ciudad

Grid for mother's name

Nombre de la Madre

Grid for second name

Segundo Nombre

Gender: Male/Female

Grid for apartment #

Apartamento #

Grid for phone number

Teléfono

Grid for state

Estado

Grid for zip code

Código Postal

Grid for county

Condado

Grid for mother's maiden name

Apellido de Soltera de la Madre

ImmTrac2, el registro de vacunas de Texas, es un servicio gratuito del Departamento Estatal de Servicios de Salud de Texas (DSHS). El registro de vacunas es un servicio seguro y confidencial que consolida el récord de las vacunas para propósitos de salud pública...

El Departamento Estatal de Servicios de Salud de Texas le invita a participar voluntariamente en el registro de vacunas de Texas.

Consentimiento para registrar y dar a conocer el récord de las vacunas a las personas / entidades autorizadas

Entiendo que, al dar mi consentimiento a continuación, autorizo dar a conocer la información de mis vacunas al DSHS, y además entiendo que el DSHS incluirá esta información en el registro central de las vacunas del estado, ImmTrac2. Una vez que mi información de las vacunas esté en ImmTrac2, pueden por ley accederla:

- el médico u otro proveedor de salud de Texas legalmente autorizado para administrar vacunas para el tratamiento del individuo como paciente;
• la escuela de Texas en la que el individuo está inscrito;
• el distrito de salud pública o el departamento de salud local de Texas, para propósitos de salud pública dentro de sus áreas de jurisdicción;
• la agencia estatal que tenga la custodia legal del individuo;
• el pagador actualmente autorizado por el Departamento de Seguros de Texas para operar en Texas, con respecto al récord de las vacunas relacionadas con el individuo cubierto según la póliza del pagador.

Entiendo que puedo retirar mi consentimiento en cualquier momento.

Con mi firma a continuación, DOY mi consentimiento para el registro. Deseo INCLUIR mi información de las vacunas en el registro de vacunas de Texas, ImmTrac2.

Individuo (o el representante legalmente autorizado del individuo):

Nombre en letra de molde

Fecha

Firma

Notificación de privacidad: con ciertas excepciones, tiene derecho a pedir y a ser informado sobre la información que el estado de Texas reúne sobre usted. Tiene derecho a recibir y examinar la información al pedirla. También tiene derecho a pedir a la agencia estatal que corrija cualquier información que se determine es incorrecta.

Al rellenarlo, mándelo por fax o correo postal al Grupo ImmTrac2 del DSHS o a un proveedor de salud inscrito.

¿Tiene preguntas? (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • www.ImmTrac.com
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