

Texas Department of State Health Services

TEXAS IMMUNIZATION REGISTRY (ImmTrac2) ADULT CONSENT FORM



(Please print clearly)

First Name	Middle Name		Las	st Name	
Date of Birth (com/dd/	:: Female	1		E	
Date of Birth (mm/dd/yyyy)	☐ Male Tele	ephone		Email address	
Address				Apartment # / Building #	
City	St	tate Zip (Code Cor	unty	
Mother's First Name Mother's Maiden Name					
Race (sele American Indian or Alaskan Native Native Hawaiian or Other Pacific Island Recipient Refused		: Black or Africa Other Race	ın American	Ethnicity (select only one): Hispanic or Latino Not Hispanic or Latino Recipient Refused	
The Texas Immunization Registry (ImmTrac2) 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) available for downloading at www.ImmTrac.com.					
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 Texas Immunization Registry. 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.					
State law permits the inclusion of immunization records for First Responders and their immediate family members (older than 18 years of age) in the Registry. A "First Responder" is defined as a public safety employee or volunteer whose duties include responding rapidly to an emergency. An "immediate family member" is defined as a parent, spouse, child, or sibling who resides in the same household as the First Responder. For a family member younger than 18 years of age, a parent, legal guardian, or managing conservator may grant consent for participation as an "ImmTrac2 child" by completing the Immunization Registry (ImmTrac2) Consent Form (# C-7).					
Please mark the appropriate box to indicate whether you are a <u>First Responder</u> or an <u>Immediate Family Member</u> . I am a FIRST RESPONDER. I am an IMMEDIATE FAMILY MEMBER (older than 18 years of age) of a First Responder.					
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	ate 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 • ImmTrac DC Texas Department of State Health Services • ImmTrac2 Group – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347					
Please enter client information in ImmTrac2 and affirm that consent has been granted.					