TEXAS DEPARTMENT OF STATE HEALTH SERVICES IMMUNIZATION REGISTRY (ImmTrac) ADJULT CONSENT FORM

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patient's immunization records). With your consent, your immunization years of age, a parent, legal guardian or managing conservator may go Consent Form (#C-7). The ImmTrac Minor Consent Form (#C-7) can The Texas Department of State Health Services encour	rant conse in be down ages you	nt for part sloaded by r volunta	icipatio visiting ry par	n for ww ticip	that i w.Imi atio	minor nTrac n in t	by c con he '	comp n. Texa	oletir ts in	ng th nmu	e Imi iniza	mTn atio	ac M	finor		
Consent for Registration and Release of I understand that, by granting the consent below, I am authoriz understand that DSHS will include this information in the stat immunization information may by law be accessed by: • a Texas physician, or other health care provider legally a • a Texas school in which the individual is enrolled; • a Texas public health district or local health department,	zing relea e's centra authorized	ase of my al immun d to admi	immu ization nister v	niza reg vacc	tion istry ines,	inform , Imm for t	mat nTra	ion t ac. (men	to D Onc t of	SHS e in the	S and Imm	d I f nTra vidi	ас, п	ny	oatie	ent;
 a state agency having legal custody of the individual; a payor, currently authorized by the Texas Department of specific individual covered under the payor's policy. 	of Insuran												iting	to t!	ne	
I understand that I may withdraw this consent at any time	٤.															· #
By my signature below, I <u>GRANT</u> consent for registration. Individual (or individual's legally authorized representative):	I wish t		DE m	y in	form	ation	n in	the	Tex	es i	mm	uni	zatio	on re	gis	try.
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Privacy Notification: With few exceptions, you have the right to request and be in the information upon request. You also have the right to ask the state agency to co information on Privacy Notification. (Reference: Government Code, Section 552.02)	formed abou	it information ormation tha	t is deterr	mined	of Tex to be	as coll incorre	ects : ct. S	about ee ht	you. tp://w	You Yww.c	are er	ntitled state	d to re .tx.us	ceive for m	and r	eview

Upon completion, please fax or mail form to the DSHS ImmTrac 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 • ImmTrac Group - MC 1946 • P.O. Box 149347 • Austin, TX 78714-9347

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<u>PROVIDERS REGISTERED WITH ImmTrac</u> — Please enter client information in ImmTrac and affirm that consent has been granted. DO NOT fax to ImmTrac. Retain this form in your client's record.