



TEXAS IMMUNIZATION REGISTRY (ImmTrac2) ADULT CONSENT FORM



(Please print clearly)

First Name Middle Name Last Name

Date of Birth (mm/dd/yyyy) Gender: Female Male Telephone Email address

Address Apartment # / Building #

City State Zip Code County

Mother's First Name Mother's Maiden Name

Race (select all that apply) Ethnicity (select only one)
American Indian or Alaska Native Asian Black or African-American Hispanic or Latino
Native Hawaiian or Other Pacific Islander White Other Race Not Hispanic or Latino
Recipient Refused Recipient Refused

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... 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 First Responder or an Immediate Family Member.
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 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)

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

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 INMUNIZACIÓN DE TEXAS (ImmTrac2)
CONSENTIMIENTO PARA ADULTOS



(Llene a mano claramente)

Primer nombre, Segundo nombre, Apellido, Fecha de nacimiento, Sexo, Teléfono, Correo electrónico

Dirección, Núm. de apartamento o edificio

Ciudad, Estado, Código postal, Condado

Nombre de la madre, Apellido de soltera

Raza (seleccione todos los que correspondan), Grupo étnico (seleccione solo una)

El Registro de Inmunización de Texas es un servicio gratuito del Departamento Estatal de Servicios de Salud (DSHS) de Texas. Se trata de un servicio seguro y confidencial que consolida los registros de vacunación con fines de salud pública...

Consentimiento para el registro y para divulgar los registros de inmunización a las personas o entidades autorizadas. Entiendo que, al dar aquí mi consentimiento, autorizo la divulgación de mis datos de vacunación al DSHS...

La ley estatal permite la inclusión en el ImmTrac2 de los registros de vacunación de los socorristas y sus familiares directos (mayores de 18 años). Se define como "socorrista" al empleado de la seguridad pública o voluntario entre cuyas funciones está responder rápidamente a una emergencia médica...

Marque la casilla correspondiente para indicar si es usted es un socorrista o un familiar directo de un socorrista.

Con mi firma a continuación, DOY mi consentimiento para el registro. Deseo INCLUIR mis datos en el Registro de Inmunización de Texas.

La persona (o su representante legalmente autorizado): Nombre escrito a mano, Firma, Fecha

Aviso de confidencialidad: Con ciertas excepciones, usted tiene derecho a pedir y a ser informado sobre los datos que el estado de Texas recaba sobre usted. Usted tiene derecho a recibir y revisar la información si así lo pide. También tiene derecho a pedir que la dependencia estatal corrija cualquier información que se determine que es incorrecta.

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