

## Texas Department of State Health Services

## TEXAS IMMUNIZATION REGISTRY (ImmTrac2) <u>ADULT CONSENT FORM</u>



(Please print clearly)

Questions?

(800) 252-9152

Texas Department of State Health Services

First Name	Middle Name		Last Name	
/ /	☐ Female			
Date of Birth (mm/dd/yyyy)  Gender	∷ ☐ Male Tele	ephone	Emai	ll address
Address				Apartment # / Building #
City	St	ate Zip Code	County	
Mother's First Name		Mother's Maiden Na	ame	
Ethnicity (Select All That apply): Race (Select Only One				
☐ American Indian or Alaskan Native	☐ Asian	☐ Black or African	American	☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Island	ler	☐ Other Race		☐ Not Hispanic or Latino
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) available for downloading at www.ImmTrac.com.				
Consent for Registration and	d Release of Imm	unization Records to	Authorized F	Persons / Entities
I understand that, by granting the consent below, that DSHS will include this information in the Teacessed by: a Texas physician, or other health caa Texas school in which the individual is enrolled areas of jurisdiction; a state agency having legal coperate in Texas for immunization records relating this consent at any time.	exas Immunization Rore provider legally au ; a Texas public healt ustody of the individ	egistry. Once in ImmTrac thorized to administer vac h district or local health d ual; a payor, currently aut	2, my immunizations, for treatment, for phorized by the T	nent of the individual as a patient; bublic health purposes within their Texas Department of Insurance to
State law permits the inclusion of immunization the Registry. A "First Responder" is defined as a "immediate family member" is defined as a parent member younger than 18 years of age, a parent, I child" by completing the Immunization Registry	public safety employ nt, spouse, child, or si egal guardian, or man	ee or volunteer whose du bling who resides in the sa aging conservator may gr	ties include resp ame household :	onding rapidly to an emergency. An as the First Responder. For a family
Please mark the appropriate box to indicate v  ☐ I am a FIRST RESPONDER. ☐ I am a	•	-		ly Member. age) of a First Responder.
By my signature below, I GRANT consent for re-	gistration. I wish to I	NCLUDE my informatio	n in the Texas in	mmunization registry.
Individual (or individual's legally authorized	representative):	Printed Name		
Date		Signature		
Privacy Notification: With few exceptions, you have you are entitled to receive and review the informate determined to be incorrect. See <a href="http://www.dshs.texa">http://www.dshs.texa</a> 552.023, 559.003, and 559.004)	tion upon request. Yo	u also have the right to as	k the state ageno	cy to correct any information that is

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.

Fax: (866) 624-0180

MC 1946 • P. O. Box 149347

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(512) 776-7284

• ImmTrac Group •

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