

Texas Immunization Registry (ImmTrac2)



Minor Consent Form A parent, legal guardian or managing conservator must sign this form if the client is younger than 18 years of age. Child's Middle Name Child's First Name Child's Last Name Child's Gender: Male Female Email address Child's Address Apartment # / Building # City 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 ☐ Not Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other Race ☐ Recipient Refused ☐ Recipient Refused The Texas Immunization Registry (ImmTrac2) is a free service of the Texas Department of State Health Services (DSHS). The Texas Immunization Registry is a secure and confidential service that consolidates and stores your child's (younger than 18 years of age) immunization records. With your consent, your child's immunization information will be included in the Texas Immunization Registry. Doctors, public health departments, schools, and other authorized professionals can access your child's immunization history to ensure that important vaccines are not missed. For more information, see Texas Health and Safety Code Sec. 161.007 (d). https://statutes.capitol.texas. gov/Docs/HS/htm/HS.161.htm#161.007. Consent for Registration of Child and Release of Immunization Records to Authorized Persons/Entities I understand that, by granting the consent below, I am authorizing release of the child's immunization information to DSHS and I further understand that DSHS will include this information in the Texas Immunization Registry. Once in the Texas Immunization Registry, the child's immunization information may by law be accessed by a public health district or local health department, for public health purposes within their areas of jurisdiction, a physician, or other health-care provider legally authorized to administer vaccines, for treating the child as a patient, a state agency having legal custody of the child, a Texas school or child-care facility in which the child is enrolled, and a payor, currently authorized by the Texas Department of Insurance to operate in Texas, regarding coverage for the child. I understand that I may withdraw this consent at any time by submitting a completed Withdrawal of Consent Form in writing to the Texas Department of State Health Services, Texas Immunization Registry. State law permits the inclusion of immunization records for First Responders and their immediate family members in the Texas Immunization 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 more information, see Texas Health and Safety Code Sec. 161.00705. https://statutes.capitol.texas.gov/Docs/HS/htm/HS.161.htm#161.00705. Please mark the box below to indicate whether your child is an Immediate Family Member of a First Responder. ☐ I am an IMMEDIATE FAMILY MEMBER of a First Responder. By my signature below, I GRANT consent for registration. I wish to INCLUDE my child's information in the Texas Immunization Registry.

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)

Signature

Provider Statement

Printed Name

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

Contact Information

Questions? Tel: (800) 348-9158 • Fax: (512) 776-7790 • www.ImmTrac.com

Texas Department of State Health Services • Immunizations • Texas Immunization Registry - MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

Parent, legal guardian, or managing conservator:

Date