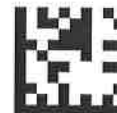




Texas Department of State Health Services

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): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Recipient Refused			Ethnicity (select only one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Recipient Refused
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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 **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)

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

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.



TEXAS
Health and Human
Services

Texas Department of State
Health Services

ImmTrac2 Immunization Registry
**AUTHORIZATION TO RELEASE
OFFICIAL IMMUNIZATION HISTORY**

(Please print clearly)

Client's Name: _____
Last First Middle

Client's Date of Birth: ____/____/____ Client's Gender: Male Female

Address: _____
Street City State Zip

Please indicate how and where to send this official immunization record.

Name / Organization: LeTourneau University

Address: 2100 S. Moldenly Ave. Longview TX 75602
Street City State Zip

Phone Number: (903) 233-4445

Send official immunization record by: Walk-in / In person Mail to address above

Fax Number: (903) 233-4403

Requestor Information – must complete in entirety

I, _____, authorize the Texas Department of State Health Services to release this client's official immunization record from the Texas Immunization Registry (ImmTrac).

Address: _____
Street City State Zip

E-mail address (if available): _____ Phone Number: (____) _____

Signature of Client (or Parent, Legal Guardian, or Managing Conservator for a child): _____ Date: _____

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)

For Office Use Only

Date Searched / Released: _____ Record Released Record Not Found

By: _____ Record Found, but No Immunizations Reported

If you have any questions or concerns please contact the Texas Department of State Health Services (ImmTrac Group) at (800)2529152 or via e-mail at ImmTrac@dshs.state.tx.us.

Mail To: Texas Department of State Health
Services ImmTrac Group
MC-1946
P.O. Box 149347
Austin, TX 78714-9347

Fax to: (512) 776-7790
 (512) 776-7288