

Texas Immunization Registry (ImmTrac2) <u>Disaster Information Retention Consent Form</u>



A parent, legal guardian or managing conservator must sign this form if the client is younger than 18 years of age.

First Name	Middle Name	Last N	ame
Gender	.: Male		7 11
Date of Birth (mm/dd/yyyy)	Female Telephone	Łt.	mail address
Address			Apartment #/Building #
City	State	Zip Code County	7
Mother's First Name Mother's Maiden Name			
Race (s American Indian or Alaska Native Native Hawaiian or Other Pacific Isla Recipient Refused		or African-American r Race	Ethnicity (select only one) Hispanic or Latino Not Hispanic or Latino Other
	0) 1 1 1 1 1 1 1		
The Texas Immunization Registry (ImmTract antivirals, and other medications administered From the time the event is declared over, the providers for a period of five years. At the erfrom the Texas Immunization Registry unless the five year retention period. For more infor HS/htm/HS.161.htm#161.00705.	d to individuals in preparation for Texas Immunization Registry will ad of the five year retention perions s consent is granted to retain the	, or in response to, a disast l retain disaster-related in d, client-specific disaster- client information in the	ster or public health emergency. formation received from health care related information will be removed Texas Immunization Registry beyond
Consent for Retention of Disas I understand that, by granting the consent be beyond the five year retention period. I furth in the Texas Immunization Registry, my (or n of aiding and coordinating communicable disauthorized to administer immunizations, antithis consent to retain information in the Texas Immunization R	elow, I am authorizing retention of er understand that DSHS will include my child's) disaster-related informations sease prevention and control effort virals, and other medications, for as Immunization Registry beyond	f my (or my child's) disast lude this information in thation may by law be access rts, and/or a physician or treating the client as a pat the five year retention pe	er-related information by DSHS ne Texas Immunization Registry. Once sed by: a state agency, for the purpose other health care provider legally ient; I understand that I may withdraw riod and my consent to release
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.			
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 I		•
By my signature below, I GRANT consent to retain my disaster-related information (or my child's information, if younger than age 18) in the Texas Immunization Registry beyond the five year retention period.			
Client (or parent, legal guardian, or managing conservator):			
Printed Name	Signature		Date
Privacy Notification: With few exceptions, y about you. You are entitled to receive and reviany information that is determined to be inco-Government Code, Section 552.021, 552.023,	ew the information upon request. rrect. See http://www.dshs.texas.gov f	You also have the right to	ask the state agency to correct

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.

Questions? Tel: 800-252-9152 • Fax: 512-776-7790 • https://www.dshs.texas.gov/immunize/immtrac/
Texas Department of State Health Services • Immunizations • Texas Immunization Registry – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347