TEXAS DEPARTMENT OF STATE HEALTH SERVICES IMMUNIZATION REGISTRY (ImmTrac) MINOR CONSENT FORM



MINOR CONSENT FORM	Toxao Illinanzation Region,			
(Please print clearly)				
	For Clinic/Office Use			
Child's Last Name	To cumo office ose			
Child's First Name	Child's Middle Name			
*Children under 18 years only. Child's Date of Birth	Child's Gender: Male Female			
Child's Address	Apartment # Telephone			
Ciniu's Autress	Apartment # Telephone			
City	State Zip Code County			
Mother's First Name	Mother's Maiden Name			
immunization registry is a secure and confidential service that consolidates and stores your child's (<u>under 18</u> years of age) immunization records. With your consent, your child's immunization information will be included in ImmTrac. Doctors, public health departments, schools and other authorized professionals can access your child's immunization history to ensure that important vaccines are not missed. *The Texas Department of State Health Services encourages your voluntary participation in the Texas immunization registry.				
Consent for Registration of Child and Release of Immunization Records to Authorized 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 state's central immunization registry ("ImmTrac"). Once in ImmTrac, 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; • 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 to include information on my child in the ImmTrac Registry and my consent to release information from the Registry at any time by written communication to the Texas Department of State Health Services, ImmTrac Group – MC 1946, P.O. Box 149347, Austin, Texas 78714-9347.				
By my signature below, I \underline{GRANT} consent for registration. I wish to $\underline{INCLUDE}$ my child's information in the Texas immunization registry.				
Parent, legal guardian or managing conservator: Printed Name				

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.state.tx.us 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 ImmTrac Group or a registered Health-care provider.

Signature

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

Stock No. EC-7 Revised 05/18/2012



Date



DEPARTAMENTO ESTATAL DE SERVICIOS DE SALUD DE TEXAS

PECISTRO DE	INMUNIZACIÓN	(Imm Trac	1
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FORMULARIO DE CONSENTIMIENTO PARA MENORES	rexas ininiumzation registry
(Favor de escribir claramente con letra de molde)	
	For Clinic/Office Use
Apellido del Niño(a)	
Nombre del Niño(a)	Segundo Nombre del Niño(a)
Nombre dei Mino(a)	Segundo Nombre dei Nimo(a)
/ *Solamente niños menores de 18 añ	Género: Masculino Femenino
Fecha de Nacimiento del Niño(a)	
Dirección del Niño(a), Calle	Apartamento # Teléfono
orection der Nino(a), Cane	Apartamento # Telefono
Ciudad	Estado Código Postal Municipio
Nombre de la Madre	Apellido de Soltera de la Madre
u niño(a) (menor de 18 años de edad). Con su consentimiento, la	y otros profesionales autorizados pueden tener acceso al historial de
El Departamento Estatal de Servicios de Salud le anima a p	rticipar voluntariamente en el registro de inmunización de Texas.
Entiendo que, con mi consentimiento a continuación, autorizo quademás entiendo que el DSHS incluirá esta información en el regnformación del menor esté en ImmTrac, por ley la puede accedentes en ImmTrac.	para propósitos de salud pública dentro de sus áreas de jurisdicción;
 la agencia estatal que tenga la custodia legal del menor; la escuela o la guardería de Texas en que el menor esté ins 	rito; Seguro de Texas para operar en Texas, con respecto a la cobertura de
Entiendo que puedo retirar este consentimiento para incluir inforpara dar a conocer la información del registro en cualquier mome Services, ImmTrac Group – MC 1946, P.O. Box 149347, Austin,	
Al firmar abaio. VO AUTORIZO el consentimiento nara reg	trarlo. Deseo INCLUIR la información de mi niño(a) en el regist

de inmunización de Texas.

Alguno de los padres, tutor legal o administrador de bienes:

Escriba con letra de molde

Fecha Firma

Notificación Sobre Privacidad: Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a http://www.dshs.state.tx.us para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004)

Al rellenarlo, mándelo por fax o correo postal al Grupo ImmTrac del DSHS o a un proveedor de salud inscrito.

¿Tiene preguntas? (800) 252-9152 • (512) 776-7284 • Fax: 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 Stock No. EC-7 Revised 05/18/2012





PROVIDERS REGISTERED WITH ImmTrac – Please enter client information in ImmTrac and affirm that consent has been granted. DO NOT fax to ImmTrac. Retain this form in your client's record.