

**ADULT CONSENT FORM**

(Please print clearly)

Last Name	For Clinic/Office Use
First Name	Middle Name
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Email Address
City	Apartment # Telephone
	State Zip Code County

ImmTrac, 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 ImmTrac. 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 ImmTrac Minor Consent Form (#C-7). The ImmTrac Minor Consent Form (C-7) can be downloaded by visiting [www.ImmTrac.com](http://www.ImmTrac.com).

**The Texas Department of State Health Services encourages your voluntary participation in the Texas immunization registry.**

**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 state's central immunization registry ("ImmTrac"). Once in ImmTrac, 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.**

**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.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Stock No. F11-13366  
 Revised 03/31/10

Questions?

(800) 252-9152 • (512) 458-7284 • [www.ImmTrac.com](http://www.ImmTrac.com)

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



**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.**