



Texas Immunization Registry (ImmTrac2) Disaster Information Retention Consent Form



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

Form fields for personal information: First Name, Middle Name, Last Name, Date of Birth, Gender, Telephone, Email address, Address, Apartment #/Building #, City, State, Zip Code, County, Mother's First Name, Mother's Maiden Name.

Race (select all that apply) and Ethnicity (select only one) selection boxes.

The Texas Immunization Registry (ImmTrac2) has been designated as the disaster-related reporting and tracking system for immunizations, antivirals, and other medications administered to individuals in preparation for, or in response to, a disaster or public health emergency.

Consent for Retention of Disaster-Related Information and Release of Information to Authorized Entities. I understand that, by granting the consent below, I am authorizing retention of my (or my child's) disaster-related information by DSHS beyond the five year retention period.

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.

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 of a First Responder.

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, 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.

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 • dshs.texas.gov/immunizations Texas Department of State Health Services • Immunization Section • Texas Immunization Registry – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347