



IMMUNIZATION REGISTRY (*ImmTrac2*)
Withdrawal of Consent and Confirmation Form

Please type or print clearly.

Last Name		First Name		Gender: ☐ Male ☐ Female	
Middle Name		Date of Birth			
Address		Apartment #	Requestor's Daytime Telephone		
City	State	Zip Code	County		

Optional information regarding the individual: This information is used for ImmTrac2 record search purposes only and will not be retained.

Birth City	Birth State	Previous Address
Nickname (Aliases and / or Other Last Name(s) used)		
Mother's First Name	Mother's Maiden Name	

Please mark the box ☒ to indicate your intent:

☐ I withdraw consent for participation and inclusion in ImmTrac2 for the individual named above. Please delete all information for this individual from ImmTrac2 and any related files.

Individual or Individual's Legally Authorized Representative:

Printed Name

Send this completed form to:

Date

Signature

Mail: Texas Department of State Health Services · ImmTrac2 Group · MC-1946 ·
P. O. Box 149347 · Austin, TX 78714 - 9347

Fax: (512) 776-7790

* ImmTrac2, the Texas immunization registry, 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. From the time the event is declared over, ImmTrac2 will retain disaster-related information received from health care providers for a period of 5 years. At the end of the 5 year retention period, disaster-related information will be removed from the registry unless consent is granted to retain the information in ImmTrac2 beyond the 5 year retention period.

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)

ImmTrac2 will not retain documentation of your request for withdrawal of consent.

Questions? (800) 252-9152 · (800) 348-9158 · www.ImmunizeTexas.com

Information Below for ImmTrac2 Staff Use Only

Confirmation of Delete: Upon processing of your Request for Withdrawal from ImmTrac2, registry staff will mark the appropriate box below and return this form to you.

☐ **NO RECORD Found:** No matching records were found in ImmTrac2 for the individual named above.

☐ **Record DELETED:** All information for the individual named above has been deleted from ImmTrac2 and any related files.

Date request processed: _____

Staff Initials: _____