

FIRST RESPONDER/FAMILY MEMBER REQUEST FORM

(Please print clearly)

For Clinic/Office Use

Client's Last Name

Client's First Name

Client's Middle Name

_____/_____/_____
Client's Date of Birth

Client's Gender: Male Female

Client's Address

Apartment #

Telephone

City

State

Zip Code

County

ImmTrac2, the Texas immunization registry, is a free service of the Texas Department of State Health Services. The immunization registry is a secure and confidential service that consolidates and stores your immunization records. State law permits the inclusion of immunization records for First Responders and their immediate family members (over 18 years of age) in the Registry. With your consent, your immunization information will be included in ImmTrac2 and health care providers can access your immunization history. 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. For a family member less than 18 years of age, a parent, legal guardian, or managing conservator may grant consent for participation as an "ImmTrac2 child" by completing the *Immunization Registry (ImmTrac) Consent Form (#C-7)*.

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

Request for Inclusion of First Responder or First Responder Family Member Immunization Information and Release of Immunization Records to Authorized Entities

I understand that, by requesting inclusion 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 ("ImmTrac2"). Once in ImmTrac2, my immunization information may by law be accessed by a physician or other health care provider legally authorized to administer vaccines, for treating me as a patient.

I understand that I may withdraw this request to include my immunization information in the ImmTrac2 Registry and my request to release information from the Registry, at any time by written communication to the Texas Department of State Health Services, ImmTrac2 Group – MC 1946, P.O. Box 149347, Austin, Texas 78714-9347.

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** (over 18 years of age) of a First Responder

Client: _____
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)

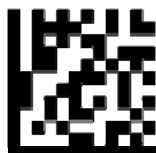
Upon completion, please fax or mail form to the DSHS ImmTrac2 Group or a registered Health-care provider. Questions?

(800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • www.ImmTrac.com

ImmTrac FR/FM Stock No. F11-12955

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

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PROVIDERS REGISTERED WITH ImmTrac2 – Please enter client information in ImmTrac2 and affirm that consent has been granted. **DO NOT fax to ImmTrac2. Retain this form in your client's record.**