



Texas Immunization Registry (ImmTrac2) Withdrawal of Consent and Confirmation Form

First Name Middle Name Last Name

Date of Birth (mm/dd/yyyy)

Gender: Male Female

Requestor's Daytime Telephone

Address Apartment # / Building #

City State Zip Code County

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

Birth City Birth State Previous Address

Mother's First Name Mother's Maiden Name

I withdraw consent for participation and inclusion in the Texas Immunization Registry for the individual named above. Please remove information for this individual from the ImmTrac2 system. Individual or Individual's Legally Authorized Representative: Printed Name Signature Date

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. From the time the event is declared over, the Texas Immunization Registry will retain disaster-related information received from health care providers for a period of five (5) years. At the end of the five (5) year retention period, disaster-related information will be removed from the Texas Immunization Registry unless consent is granted to retain the information in the Texas Immunization Registry beyond the five (5) year retention period. For more information, see Texas Health and Safety Code Sec. 161.00705. https://statutes.capitol.texas.gov/Docs/HS/htm/HS.161.htm#161.00705.

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)

Contact Information

Questions? Tel: (800) 348-9158 • Fax: (512) 776-7790 • www.ImmTrac.com Texas Department of State Health Services • Immunizations • Texas Immunization Registry – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

For Office Use Only No Record Found: No matching records were found in the Texas Immunization Registry for the individual named above. Record Removed: All information for the individual named above has been removed from the Texas Immunization Registry. Date request processed: Staff Initials: