

Vaccine Registry Waiver Information

This office will share some information on your child with the local public health department immunization registry and the state health department, unless you refuse to allow this. The registry may share this information with other doctors, clinics or hospitals your child goes to for care, if they ask for it.

The only information we will share is:

Your and your child’s name, your child’s birthplace, vaccines he or she has received, any serious reaction he or she had to a vaccine, your address and phone, and other non medical information if needed to make sure it is the correct person’s record.

The doctors, clinics, or hospitals which get this information can use it only to:

- Help in deciding what vaccines your child needs;
- Phone or send you a reminder when a vaccine is due; and
- Tally numbers of patients who are not up-to-dater on their vaccines.

The registry may also share the same information with the following, if they request it: schools, child care centers, WIC supplemental food clinics, the Cal Works public assistance program, health care plans, and other persons or entities when disclosure is otherwise specifically authorized by law. These persons and entities can use that information only for the reasons listed above, and (a) for schools or child care centers, to help prove your child has had vaccines required for entry, (b) for WIC clinics, to let you know if your child has vaccine doses due, and (c) for the health care plans, to help process insurance payments.

All of these people and groups listed above who ask for and get this information are required by law to keep it confidential and use it only for the reasons listed above. Also, you have these rights:

To refuse to have us share any of this information now or at any time.

To refuse to get reminder notices when vaccines are due.

To look at your child’s record at the health department registry and correct errors.

To get names and addresses of anyone with whom this information is shared

If you wish to refuse to have us share this information, or to refuse to get reminders when your child is due for vaccines, please complete the bottom portion of this form.

The following statement accurately reflect my views:

I Do Do Not (circle one) want this clinic to share the information described above regarding my child’s immunization record with the public health department immunization registry or state health department.

Child’s name: _____

Signature of parent / guardian: _____ Date : _____