COLORADO
Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

Colorado Immunization Information System
Rescind Opt-Out Form

(Please Print) First Name Middle Name Last Name Date of Birth

Mailing Address: Street Apt

Mailing Address: City State Zip Code

Name of Doctor or Clinic Address of Doctor or Clinic

The Colorado Immunization Information System (CIIS) is a is a confidential, computerized, population-based system that collects and consolidates vaccination data for Coloradans of all ages and provides tools for designing and sustaining effective immunization strategies to prevent disease and reduce healthcare costs. By accessing the secure CIIS web application, your healthcare provider will be able to see the immunizations that you/your child has received even if you forget to bring the records to the clinic. Your healthcare provider will also be able to print immunization forms needed for child care, school and camp enrollment directly from the CIIS web application with the touch of a button.

Information in the Colorado Immunization Information System can be released only to:

- the individual or the individual's parent/legal guardian
- the individual's physician or healthcare provider
- a school, child care center or university where the individual is enrolled
- a managed care organization or health insurer where the individual is enrolled if the organization or health insurer pays for immunizations
- hospitals, persons or entities who have contracted with the State of Colorado for immunizations
- the Department of Health Care Policy and Financing for individuals enrolled in Medicaid

Anyone who releases information in CIIS to anyone who is not permitted to have the information commits a crime and can be punished. Under Colorado law, you have the right to exclude your/your child's immunization information from CIIS at any time. If you change your mind you can have your healthcare provider resubmit your/your child's immunization records at a later time. If you choose not to participate in CIIS, you are responsible for keeping your/your child's immunization records.

By signing this Rescind Opt-Out Form, I confirm that I am the individual or parent/legal guardian of the individual listed above. I had chosen to have immunization information for myself/my child excluded from CIIS. At this time, I would like to have my/my child's immunization information **included** in CIIS.

(Please Print) Individual or Parent/Legal Guardian First Name Last Name

Signature of Individual or Parent/Legal Guardian Date

It is <u>your</u> responsibility to mail or fax this form to:
Colorado Immunization Information System Program
Colorado Department of Public Health and Environment
DCEED-IMM-A3
4300 Cherry Creek Dr. S.
Denver, CO 80246-1530
Fax 303-758-3640

If you have questions call:
1-888-611-9918

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