



New York City Department of Health
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We help you call the shots!
www.nyc.gov/health/cir

Consent for Participation in Citywide Immunization Registry (CIR)

Required for Individuals 19 Years of Age and Older

The New York Citywide Immunization Registry (CIR) is a confidential, computerized system that contains immunization records and allows authorized users access to a person’s shot record. Strict federal and state laws protect the privacy of your personal information in the system. The benefits of participating in the CIR include:

- Your health care provider can use the CIR to be sure that you receive the needed immunizations, and proper medical treatment is received when needed.
- There will be a permanent and easily accessible record of your immunizations.

Participation in the CIR for people 19 years of age and older is voluntary, so your consent is needed. If you want to participate, please carefully read the consent below and sign in the space provided. For additional information about this consent, please call (212) 676-2323.

I give my consent for _____(name of doctor or organization) to release my immunization(s) and identifying information to the New York Citywide Immunization Registry (CIR). I understand the purpose of the CIR is to assist in my medical care and to record the immunizations that I have had or will receive in the future. My immunization information may potentially be used by the Department of Health for quality improvement purposes, epidemiologic research, and disease control purposes. Information used for quality improvement or any research purposes will have my personal identifying information removed.

The immunization information in the CIR may be released to the following: myself, my health maintenance organization, the state and local health departments, the school that I am registered to attend, and authorized medical providers that deliver my medical care.

I understand that there will be no effect on my treatment, payment, or enrollment for benefits if I choose not to enroll in the CIR. This consent may be withdrawn at any time by using the form provided. Information about immunizations received by the CIR with my consent will remain in the CIR if I later choose to withdraw my consent. However, future immunizations will not be recorded in the CIR.

Print Name

Date of Birth

Signature

Date