Health care providers may document verbal voluntary consent or adapt this sample form for use.

Consent for Participation in Citywide Immunization Registry (CIR) for People Age 19 and Older

The New York City Citywide Immunization Registry (CIR) is a confidential, computerized system that allows authorized users access to a person's immunization records. Strict federal and state laws protect the privacy of personal information in the system. Here are some benefits of participating in the CIR:

- Your health care provider can use the CIR to ensure that you receive all needed immunizations, as well as other recommended medical treatment.
- The CIR provides a permanent and easily accessible record of your immunizations.

Participation in the CIR is voluntary for people age 19 and older, so you will not be enrolled unless you complete this consent form. If you want to participate, please carefully read the statement below and sign in the space provided. For additional information about this consent, please call 347-396-2400.

Declaration of Consent

I give my consent for _____ (name of doctor or organization) to release my immunization(s) and identifying information to the New York City 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 New York City Department of Health and Mental Hygiene for quality improvement purposes, epidemiologic research, and disease control purposes. Information used for quality improvement or research purposes will have my personal identifying information removed.

The immunization information in the CIR may be released to the following: myself, my health insurance plan, 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 This consent may be withdrawn at any time by using the form provided.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 if I withdraw my consent.

_____ _____

Print Name Date of Birth

_____ _____

Signature Date