

STATE OF COLORADO

John W. Hickenlooper, Governor
Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer



Colorado Department
of Public Health
and Environment

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

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<http://www.cdphe.state.co.us>

Colorado Immunization Information System Opt-Out Form

(Please Print) First Name	Middle Name	Last Name	Date of Birth
Mailing Address: Street			
Mailing Address: City		State	Zip Code
Name of Doctor or Clinic		Address of Doctor or Clinic	

The Colorado Immunization Information System (CIIS) 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 Opt-Out Form, I confirm that I am the individual or parent/legal guardian of the individual listed above. I choose to have immunization information for myself/my child excluded from CIIS at this time. I understand that I can continue to receive vaccines for myself/my child from my healthcare provider even if the immunization information is excluded from CIIS.

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

It is **your** 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