Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services **Maine Center for Disease Control and Prevention** 11 State House Station 286 Water Street **Augusta, Maine 04333-0011** Tel; (207) 287-8016; Fax (207) 287-9058 TTY: Dial 711 (Maine Relay)

## **ImmPact Patient Non-Participation Form**

Patient's First Name, Middle Initial, Last Name		Date	Date of Birth	
Pati	ent's complete mailing address			
City/Town		State	Zip Code	
<ol> <li>3.</li> <li>4.</li> </ol>	<ul> <li>ImmPact. By signing this form, I choose not to participate at this time.</li> <li>I understand it is my responsibility to notify the provider at each visit that the above opted out of ImmPact. I also understand if I change health care providers, I will notify them of my choice to opt out.</li> <li>I understand my responsibility to maintain my personal immunization record and that of my minor child for whom I am the parent or legal guardian.</li> <li>I understand that I or my child may continue to receive immunizations through my health care provider, but because I choose not to participate in ImmPact, those immunization records will not be entered into ImmPact. My immunization record will be available to me only through my health care provider.</li> <li>I understand that once I choose not to participate, records currently held in ImmPact will be made available to the State Health Officer or those designated by the State Health Officer only in the event of an officially declared public health emergency.</li> </ul>			
Signature of Patient (or parent/guardian)			Date	
Printed Name of Patient (or parent/guardian)			Date	
Rela	ationship to Patient (I am the patient; minor's pare	ent or guardian; power	of attorney of patient; etc.)	
	MIP use only: Date Received:		_Initials:	

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