

ImmPact

Maine's Immunization Information System

Non-Participation Form

Patients First Name, Middle Initial, Last Name

Date of Birth

Patients complete mailing address

City/Town

State

Zip Code

I have been informed that my/my minor child's immunization records may be included in Maine's Immunization Information System (IIS). I choose not to participate at this time. If I change Health Care Providers I will notify them at the first encounter of my choice to be excluded.

I understand my responsibility to maintain my personal immunization record and those of minor Children for whom I am the parent or legal guardian.

I understand that I may continue to receive my immunizations through my Health Care Provider, but because I choose not to participate in the IIS, my immunization records will be available to me only through my Health Care Provider.

I understand that once I choose not to participate, records currently held in the IIS will be made available only to the State Health Officer or those designated by the State Health Officer in the event of an officially declared public health emergency.

I understand that in the future, I can choose to participate in the IIS.

Signature of Patient (or parent/Guardian if patient is a minor)

Date

Witness printed name

Witness signature

Date

Copies to:

MIP (ImmPact)
Patient/responsible person
Practice file

Maine Department of Health and Human Services,
Maine Center for Disease Control & Prevention
Immunization Program
11 State House Station, Key Bank Plaza, 9th Floor
Augusta, Maine 04333
1-207-287-3746

Please Fax to: 287-8127