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		
Pa	cient's complete mailing address			_	
Cit	y/Town	State	Zip Code	_	
<ol> <li>1.</li> <li>2.</li> <li>4.</li> <li>5.</li> <li>7.</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 has 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 that opting out of Covid 19 immunizations to be entered into ImmPact is not an option.</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	-	
Re	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:		

PHONE: (207) 287-3746 **TTY USERS: Dial 711 (Maine Relay)** FAX: (207) 287-8127 Revised 03/17/2022 Page 1 of 1