



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Prevention and Community Health

Office of Immunization and Child Profile

PO Box 47843 • Olympia, Washington 98504-7843

360-236-3595 • FAX -360-236-3590 • TDD Relay Service: 711

Thank you for your call or e-mail about declining participation in the Child Profile Health Promotion System and/or the Washington State Immunization Information System. We understand your concerns and respect your right to decline participation.

Before you make a final decision, we encourage you to talk to your child's healthcare providers, as they may rely on information in the Immunization Information System to give appropriate care to your child. Here are some other things to consider:

- The Washington State Department of Health sends you Child Profile Health Promotion mailings as a way to remind you about your child's need for well-child checkups and immunizations along with other important health and safety information.
- The Washington State Immunization Information System is our state's lifetime immunization registry and allows healthcare providers and schools to keep track of your child's immunizations and when they may or may not need to get vaccinated.
- The Washington State Immunization Information System gets your child's information from healthcare providers, health plans, and information from his or her birth certificate that is available to the public.
- The state employees and contractors who maintain the Washington State Immunization Information System are legally bound by federal and state confidentiality and privacy rules.
- Besides you, the only other people authorized to see your child's information in the Washington State Immunization Information System are healthcare professionals who care for your child. This includes healthcare professionals that work in your child's school. To become authorized, healthcare professionals must sign a special information sharing agreement with the Washington State Department of Health.
- Information in the Washington State Immunization Information System is not used for commercial or marketing purposes.
- You and/or your child may need a copy of his or her immunization record for school, camp, college, the military, etc. Deleting your child's information from the Washington State Immunization Information System may prevent you and/or your child from obtaining this information in the future.

If, after reading the information above, you still want to decline participation in the Child Profile Health Promotion System and/or the Washington State Immunization Information System, please fill out and sign the attached form and mail it back to us. Or, you can fax or e-mail a scanned copy of the signed original (electronic signatures are not acceptable).

If you have any questions, please call us at 1-866-397-0337.

PARENT/GUARDIAN REQUEST TO DECLINE PARTICIPATION

Washington State Immunization Information System, PO Box 47843, Olympia, WA 98504-7843

Phone: 1-866-397-0337 | Fax: 360-236-3590 | E-mail: cphp@doh.wa.gov

Child's information (one form per child)

*required field

*Child's First Name	Child's Middle Name	*Child's Last Name	
Child's Alias/Nickname	Child's Date of Birth / /	*Child's Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
*Address (including apt. #, if applicable)	*City	*State	*Zip Code

I want to decline participation in the following**:

Child Profile Health Promotion System:

Remove my child's name from the mailing list

Washington State Immunization Information System:

Delete only my child's immunization records from the system

Delete **all** of my child's information from the system (including his or her immunization records)

Please mail me a copy of my child's official immunization record to the address above so I have it for future reference:

Yes

No

**The Washington State Department of Health may receive your child's information again from his or her healthcare provider or health plan and will not be able to stop that information from getting back into the system. To make sure this doesn't happen, you need to tell your healthcare provider that you don't want your child's information in the system.

Comments:

*Signature of Parent/Legal Guardian (must be original signature) / / *Date

*Parent/Guardian First Name *Parent/Guardian Last Name *Relationship to Child

()

*Phone Number (to reach you in case we're unable to locate your child's record)