

RELEASE OF CONFIDENTIAL INFORMATION

I, _____ hereby authorize the CT Immunization Registry and Tracking System (CIRTS) to release the immunization history of my child or legal ward.

FULL NAME OF CHILD _____

CHILD'S DATE OF BIRTH _____

Relationship to the above: parent/guardian (circle one) or other (specify) _____

This information is to be released/sent to:

Name: _____

Street address: _____

Town, State, Zip: _____

Fax number (if applicable; e.g., school): _____

In accordance with the Regulations of CT State Statute 94-90, the following identification has been presented by the person requesting the immunization history of the child

_____ official photo ID; e.g., driver's license, passport or state issued ID card

OR any two (2) of the following

- _____ social security card
- _____ written ID of employer
- _____ current auto registration
- _____ utility bill with name and address
- _____ current checking deposit slip with name/address
- _____ current voter registration card

I understand that my records are protected under Federal Confidentiality Regulations (CFR-42, Part 2) and Connecticut General Statutes, Chapters 899 and 368X. These statutes and regulations further prohibit disclosure without my consent unless otherwise provided in the regulations.

Patient, Parent/Guardian Signature

Date

Name and professional position of person reviewing identification and releasing information:
