



DOH 920-946 June 2011

Child Profile

401 5th Avenue, Seattle, WA 98104

1-800-325-5599 or 206-205-4141 (voice) **206-205-4146 (fax)**

Email: cphelpdesk@kingcounty.gov

AUTHORIZATION TO RELEASE IMMUNIZATION RECORDS

Patient's Name _____
(First Name) (Middle Name) (Last Name)

Date of Birth _____ Previous name(s) _____

Parent or guardian (if under 18) _____

Address _____

City _____ State _____ Zip code _____

Phone number _____

I request and authorize Child Profile to release immunization information in the Child Profile system to me or to the person or agency named below. Requested information will be faxed, mailed, or securely emailed as indicated below as soon as possible but no later than 15 working days after receipt of this signed authorization.

Person or agency to receive records _____

Email records to: _____ Fax records to: _____

Mail records to: Street Address _____

City _____ State _____ Zip code _____

Phone number of person/agency to receive records: _____

This authorization expires _____ (patient/parent must specify date, invalid if left blank)

A copy of this document is considered the same as the original.

I declare under penalty of perjury under the laws of the State of Washington that this information is true and correct, and that I am the patient or authorized to sign this release on the patient's behalf.

Date _____ Location where signed _____
(month/day/year) (city and state)

Signature of patient or parent or legal guardian Relationship to patient

Child Profile is Washington's Immunization Registry and Health Promotion System. Information in the system comes from portions of your or your child's birth certificate and immunization records from health care providers and health insurance plans. The Immunization Registry keeps track of the vaccines you or your child receives to help ensure on-time immunization. If you feel the immunization record you received is incorrect or incomplete, you may ask your provider to correct it. If they can't correct it or do not have a copy of your complete immunization history, please contact the Child Profile Immunization Registry Help Desk at 1-800-325-5599 or 206-205-4141.

Patient-specific information is used for authorized purposes only. For more information, please see the Child Profile Information Sharing Policy at www.doh.wa.gov/cfh/childprofile. Your request for Child Profile to release data is not related to and will not modify any other privacy conditions in the Child Profile Data Sharing Agreement and applicable state and federal privacy laws. Your request to release immunization records will not affect any of the services provided to you through the Child Profile System.

Please be aware that Child Profile is not responsible for the protection of your information after it is sent. If you are requesting that we provide immunization information to a third party not covered by state and federal privacy laws, it may be further disclosed. You may revoke this authorization at any time by sending a written request to the Child Profile Immunization Registry by mail to 401 Fifth Avenue, Suite 1000, Seattle, WA 98104 or by fax to 206-205-4146. Your request to revoke will not apply to information released before we received your request to revoke.

If you have a disability and need this document in a different format, please call 1-800-322-2588 (711—TTY relay).