



Please align patient label to the right

the Registry. This information is necessary to enable the Registry to filter and refuse entry of immunization information for the patient. Prior immunization records will remain in the registry, but will not be shared after you have chosen to opt-out. The completed opt-out form will be maintained by Lurie Children's in the medical record. No immunization information will be added to the Registry unless the patient/ parent/ legal guardian wishes to opt back into the Registry. This decision can be made at any time. I understand that, by opting out, the patient's immunization records will not be available to authorized health care providers through the Registry.

- **If Opting Back In:** I previously opted out of the Registry. By signing this form, I am opting the patient back into the Registry. The completed Opt Back In form will be maintained by Lurie Children's in the patient's medical record. I understand that Lurie Children's will notify the State of Illinois to share all immunization data on this patient to the Registry. I understand that the patient's immunization records will be available to authorized health care providers through the Registry. I understand I have the right to change this decision at any time.

3. Sign Below:

All signatures must be provided for the form to be valid:

Signature of Patient age 12 and over **Date** **Time**

Signature **Date** **Time**
Relationship (check one): Parent Guardian Legal Representative

Signature of Witness or Employee **Date** **Time**

Signature/Name of Interpreter if applicable **Date** **Time**

FOR LURIE CHILDREN'S USE ONLY: Forward executed form to HIM at:
ROI@luriechildrens.org