Pediatric Associates of Austin, PA
Vaccination Policy & ImmTrac 2 Consent

Pediatric Associates of Austin has updated our vaccination policy in accordance with the recommendations of the American Academy of Pediatrics and the Centers for Disease Control.

Our first and most important priority is the safety and well-being of our patients. Vaccines are among the safest and most effective ways to protect your child from diseases that can lead to serious illness or death. Vaccinating all children helps minimize exposure to vaccine-preventable illnesses for our most vulnerable patients, including newborns, children with weakened immune systems, and pregnant women.

For our current families whose children are not up-to-date on vaccinations, we require you to discuss this with your physician to create a plan to complete the necessary vaccines. We will, of course, continue to provide care for patients who cannot receive vaccines due to medical reasons.

Please note that once you have verbally consented to administration of immunizations and our nurse has prepared the vaccine, you will be responsible for the cost of the vaccine if you subsequently refuse administration, resulting in vaccine waste.

Thank you for your understanding. Your child's health is of utmost importance to us.

ImmTrac2 Consent: Consent for Registration of Child and Release of Immunization Records

I understand that, by granting this consent, I am authorizing the release of my child's immunization information to the Texas Department of State Health Services (DSHS), and the DSHS will include this information in the state's central immunization registry ("ImmTrac2"). Once in ImmTrac2, the child's immunization information may by law be accessed by:

- A public health district or local health department, for public health purposes.
- A physician or other health-care provider legally authorized to administer vaccines, for treating the child
- A state agency having legal custody of the child
- A Texas school or child-care facility in which the child is enrolled
- A payor, currently authorized by Texas Department of Insurance, for immunization records relating to the covered child.

I understand that I may withdraw this consent at any time by written communication to the Texas Department of State Health Services, ImmTrac Group - MC 1946, P.O. Box 149347 Austin, TX 78714.

By my signature below, I make the following choice regarding my child's participation in the Texas immunization registry (ImmTrac2):

☐ YES – I GRANT consent for registration. I wish to INCLUDE my child's information in ImmTrac 2.
☐ NO – I DO NOT GRANT consent. I DO NOT wish to include my child's information in ImmTrac 2.

ACKNOWLEDGEMENT OF VACCINATION POLICY

Child's Name:_____

Child's Date of Birth: _____

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____