

San Antonio Immunization Registry System (SAIRS) Request to Opt Out of SAIRS

Note: This form is required to allow an individual to request that a person's immunization history be removed from the registry and no further immunization data be accepted into the registry.

Name of client (person whose information is to be removed from the registry):									
Last:				First:				Middle:	
Date of Birth								Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
	M	M	D	D	Y	Y	Y	Y	
Mother's Maiden Name		Last:				First:		Middle:	
Name of person authorizing removal of immunization information:									
Name of Parent or Guardian		Last:				First:		Middle:	
Relationship to Client:									
Mailing Address									
City					State			Zip	

I request this person's immunization information be removed from the San Antonio Immunization Registry System (SAIRS). I understand the City of San Antonio will remove all immunization data on this client from the registry as a result of this action. The registry will retain only core demographic information necessary to identify the client has chosen to opt out of the registry. This information is necessary to enable the registry to filter and refuse entry of immunization information for the client. Additionally, any prior immunization records associated with the client will be deleted from the registry.

This *Request to Opt Out of SAIRS* form will be maintained at the San Antonio Metropolitan Health District Immunization Division's office, and may be disclosed only as described in the *Notice of Privacy Practices*.

No immunization information will be added to the registry for this client until SAIRS personnel receive notification that the parent or legal guardian wishes to opt back into the registry or the client consents to participation in the registry via a participating provider. A *Request to Opt Into SAIRS* form is available on Metro Health's Web site at <http://www.sanantonio.gov/health/immunizations-SAIRS.html>.

Only completed requests will be processed. Please allow 10 to 15 business days from the date the form is received in our office for processing.

Signature of Client or Parent/Guardian

Date

Mail or hand-deliver to the following address:

Metro Health -- Immunization Division
SAIRS Opt Out
332 W. Commerce, Suite 108
San Antonio, TX 78205
(210) 207-8790