



## Decline or Start Sharing/Information Request

PLEASE CHECK (✓) THE STATEMENT(S) BELOW THAT APPLY:	
Name of Patient:	RELATIONSHIP TO PATIENT <input type="checkbox"/> Self <input type="checkbox"/> Parent/Guardian
Name of Parent/Guardian (if patient is a minor):	Patient's Street Address:
Patient Date of Birth:	Patient's City/Zip Code:
Patient ID (optional):	Patient County:
Patient Phone:	Email:
<b>DECLINE SHARING</b>	
<input type="checkbox"/> I <b>DECLINE</b> to allow my/my child's immunization/ tuberculosis (TB) test record to be shared with other health care providers, agencies, or schools using the California Immunization Registry (CAIR2).*	
<p><i>* Note: The immunization /TB test record may still be shared with CAIR2 for use by your physician's office. By law, public health officials can also access immunization/TB test records in the case of a public health emergency.</i></p>	
<b>START SHARING</b>	
<input type="checkbox"/> I <b>PREVIOUSLY DECLINED</b> but <b>NOW WISH TO ALLOW</b> my/my child's immunization/ TB test record to be shared with other health care providers, agencies, or schools using CAIR2.	
<p><b>Please note:</b> To request a copy of your child's record, complete the <a href="#">CAIR2 Authorization to Release</a> form and submit it to <a href="mailto:CAIRHelpDesk@cdph.ca.gov">CAIRHelpDesk@cdph.ca.gov</a> with a copy of your current ID.</p> <p>Patients wishing to view a list of CAIR users who have accessed their record should contact the CAIR Help Desk at 1-800-578-7889 or <a href="mailto:CAIRHelpDesk@cdph.ca.gov">CAIRHelpDesk@cdph.ca.gov</a>.</p>	
Signature:	Date:

Fax or email this form to the CAIR Help Desk at  
1-888-436-8320, [CAIRHelpDesk@cdph.ca.gov](mailto:CAIRHelpDesk@cdph.ca.gov)