



Decline or Start Data Sharing Request Form

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:

DECLINE SHARING

I DECLINE 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).*

** 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.*

START SHARING

I PREVIOUSLY DECLINED but NOW WISH TO ALLOW my/my child's immunization/ TB test record to be shared with other health care providers, agencies, or schools using CAIR2.

Please note: To request a copy of your child's record, complete the [CAIR2 Authorization to Release form](#) and submit it to CAIRHelpDesk@cdph.ca.gov with a copy of your current ID.

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 CAIRHelpDesk@cdph.ca.gov.

Signature:	Date:
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Fax or email this form to the CAIR Help Desk at **1-888-436-8320**, CAIRHelpDesk@cdph.ca.gov