



# Colorado Immunization Information System Opt-Out Form

The Colorado Immunization Information System (CIIS) is a confidential, computerized, population-based system that collects and consolidates immunization data for Coloradans of all ages from a variety of sources and provides tools for designing and sustaining effective immunization strategies to prevent disease and reduce healthcare costs. If your healthcare provider participates in CIIS, they are able to see the vaccines that you/your child received in the past as well as any vaccines recommended for you/your child at the time of the visit. Your healthcare provider can also print immunization forms needed for child care, school and camp enrollment directly from the secure CIIS web application.

Information in CIIS can only be released to:

- The individual or the individual’s parent/legal guardian.
- The physician, clinic, hospital or licensed healthcare practitioner treating the individual.
- A school, child care/preschool or college/university where the individual is enrolled.
- A managed care organization or health insurer where the individual is enrolled, if the organization or health insurer pays for immunizations.
- People or entities that have contracted with the State of Colorado for the implementation and operation of CIIS.
- The Department of Health Care Policy and Financing, for individuals enrolled in Health First Colorado (Colorado’s Medicaid program).

Anyone who releases information in CIIS to an unauthorized party commits a crime and can be punished. Under Colorado law, you have the right to exclude your/your child’s immunization information from CIIS at any time. If you change your mind, you can have your healthcare provider resubmit your/your child’s immunization records to CIIS. If you choose to exclude your/your child’s immunization information from CIIS, you are responsible for keeping your/your child’s immunization records. *NOTE: CIIS works on a search function; system users have to search for and find an individual in CIIS prior to viewing or updating the individual’s record. The following demographic information is kept in CIIS for opt-out individuals: First Name, Last Name, Date of Birth, Gender, City, County, and Zip Code. This information is retained to prevent CIIS users from adding opt-out individuals back into CIIS.*

Patient Information: Please print clearly.

Last Name:	First Name:	Middle Name:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State:	Zip Code:
Name of Doctor/Clinic:		
Address of Doctor/Clinic:		

By signing this Opt-Out form, I confirm that I am the individual or parent/legal guardian of the individual listed above. I choose to have immunization information for myself/my child excluded from CIIS. I can continue to receive vaccines for myself/my child from my healthcare provider even if the immunization information is excluded from CIIS.

\_\_\_\_\_  
(Please print) Individual or Parent/Legal Guardian Full Name

\_\_\_\_\_  
Signature of Individual or Parent/Legal Guardian

\_\_\_\_\_  
Date

Your Email Address: \_\_\_\_\_

It is your responsibility to email, mail or fax this form to:  
Colorado Department of Public Health and Environment  
Attn: Colorado Immunization Information System Program  
DCEED-IMM-A3  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530  
Fax: 303-758-3640

If you have questions, call:  
1-888-611-9918 or email:  
[cdphe.ciis@state.co.us](mailto:cdphe.ciis@state.co.us)