Upon completion, please fax or mail form to the DSHS ImmTrac Group or a registered Health-care provider.

Questions? (800) 252-9152  •  (512) 776-7284  •  Fax: (866) 624-0180  •  www.ImmTrac.com
Texas Department of State Health Services  •  ImmTrac Group – MC 1946  •  P.O. Box 149347  •  Austin, TX  78714-9347

Revised 05/18/12

**Printed Name**

**Date**

**Signature**

**Privacy Notification:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See [http://www.dshs.state.tx.us](http://www.dshs.state.tx.us) for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

**providers registered with ImmTrac** – Please enter client information in ImmTrac and **affirm** that consent has been granted. **DO NOT fax to ImmTrac. Retain this form in your client’s record.**