



# Colorado Immunization Information System Rescind 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 are rescinding a previous CIIS opt-out form, you can have your healthcare provider resubmit your/your child’s immunization records to 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 Rescind Opt-Out form, I confirm that I am the individual or parent/legal guardian of the individual listed above. I/my parent/guardian previously chose to have my/my child’s immunization information excluded from CIIS. At this time, I would like to have my/my child’s immunization information **included** in CIIS.

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

Signature of Individual or Parent/Legal Guardian

Date

It is your responsibility to 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)