Georgia Registry of Immunization Transactions and Services (GRITS)

Opt-Out of Registry Form

Note: This form is required to allow an individual to request that a person’s immunization history be removed from the registry and no further immunization data be accepted into the registry.

Name of Client: __________________    ___________________   ______________________
  Last  First  Middle

Date of Birth: _______________ Sex: _______________ Race: _______________
  MM/DD/YYYY  M/F or Unknown

Name of Parent or Guardian: __________________    _________________     _________________
  Last  First  Middle

Relation: _______________ Mother’s Maiden Name: __________________________

Telephone Number: _________________
  Area Code  Number

Street Address: _____________________________________________________________

City: __________________________   State: ______   ZIP: __________________________

I request this person be removed from the Georgia Registry of Immunization Transaction and Services (GRITS). I understand the state will remove all immunization data on this person from the registry as a result of this action. The registry will retain only core demographic information necessary to identify the client has chosen to opt out of the registry. This information is necessary to enable the registry to filter and refuse entry of immunization information for the client. Additionally, any prior immunization records associated with the client will also be deleted from the registry.

The Opt-Out Form will be maintained at the Georgia Immunization Office where it is available for review in accordance with OCGA sec. 31-12-3.1 and the Department of Public Health (DPH), Infectious Disease and Immunization Program (IDI) rules and regulations.

No immunization information may be added to the registry for this client until the Georgia Immunization Office receives a notification from the parent or legal guardian indicating their desire to opt back into the registry. An Opt-In Form is available from the service provider through the GRITS online system. The Georgia Immunization Office must receive a completed Opt-In Form signed by a responsible person to allow the entering of immunization information on this client.

_________________________________________________________   _________________
Signature of Parent or Guardian  Date

Action to delete a person from the registry can occur only after receipt and processing of this signed form.
This form must be mailed to the following address:

GRITS OPT–OUT
DPH Immunization Office
2 Peachtree Street NW
13th Floor, Room 274
Atlanta, GA 30303-3142