

Vaccination Records Request Form

Maryland’s Immunization Information System (ImmuNet) is a secure web-based registry operated by the Center for Immunization at the Maryland Department of Health (MDH). ImmuNet information is confidential, HIPAA and FERPA compliant, and available only to authorized users, and will not be released to third parties without written consent.

Clients can access their individual and/or child’s ImmuNet records directly through the MyIR portal at myirmobile.com. **This form is only to be completed by (1) clients who have registered in MyIR** ((but have trouble accessing their vaccination records, e.g. if demographic data do not match) **or (2) out-of-state providers**. Maryland providers who are authorized users can access their patients’ records by signing up for ImmuNet access at health.maryland.gov/immunet.

Please provide complete information below to access/receive vaccination records. An e-mail, fax number, or address (to send the record to) is required for a prompt response.

Client’s Information

First Name	Middle Name	Last Name	
Maiden Name (if applicable)	Mother’s Maiden Name		
Date of Birth	Sex		
Address	City	State	Zip Code
(____) _____ Phone number (Home / Cell)	<i>Note: If registered in MyIR Mobile, this number should be the same as in MyIR Mobile.</i>		
Email address			

To help find/match the records, please list other known names/addresses/phones which may be associated with the client's Maryland vaccination records.

Requestor's Information

Information about the person completing the record request (this information will be used to contact you if this form is incomplete/unclear, or if more information is needed to match the record, and will be filed as legal documentation of the record request).

Relationship to client(s):

 Self Parent Legal Guardian Healthcare Provider Other Person in Custodial Relation to Client(s) – what is the purpose for requesting access to the client(s) record? _____

Requestor's First Name

Requestor's Middle Initial

Requestor's Last Name

 Same as Client's Information above (if not, please provide the information below)

Requestor's Address

City

State

Zip Code

(____)_____

Requestor's Phone number (Home / Cell)

Requestor's Email address _____

Select ONE method to receive records (if you select more than one method, the first selected method will be used to send the record): Access the records online via MyIR (already registered in MyIR) Email records to: _____ Fax records to: (____) _____ Mail records to: _____
Address City State Zip Code

Please be aware that your information may not be secure once it leaves ImmuNet or MyIR. If you ask for it to be sent to a third party not covered by privacy laws, that party may disclose it to others. MDH is not responsible for the protection of your information after sending it.

Requestor's Agreement/Signature By checking this box, I declare under penalty of perjury under the laws of the state of Maryland that this information is true and correct, and that I am the client, or parent, legal guardian, healthcare provider, or other person in custodial relation to the client(s), and am authorized to sign this release on the client's/child's behalf. By checking this box, I authorized the Maryland Department of Health to update the client demographic information in ImmuNet for record matching in MyIR.

Parents/Guardians: Each time your child gets vaccinated, ask your child's provider to update/confirm the parent/guardian information in their system to send to ImmuNet.

Date Completed

Requestor's Signature

If requesting records for more than one client, add information here:

1.

Client First Name

Client Middle Name

Client Last Name

Client Date of Birth

Client Sex

Client Previous Name(s)

2.

Client First Name

Client Middle Name

Client Last Name

Client Date of Birth

Client Sex

Client Previous Name(s)

3.

Client First Name

Client Middle Name

Client Last Name

Client Date of Birth

Client Sex

Client Previous Name(s)

If you wish to keep a completed copy of your form, please make a copy before submitting the form.

Mail or Fax to

Maryland Department of Health
Center for Immunization - ImmuNet
201 West Preston Street 3rd Floor, Baltimore, MD 21201
Fax: (410) 333-5893

Please mail or fax the completed form. Do not email the completed form as it places you at risk for exposing your sensitive information. E-mailed forms will not be accepted unless you are able to use an encrypted e-mail service. It is preferred if you can fill out the online form at health.maryland.gov/immunet

Once received, your request will be processed as quickly as possible. Unless you use MyIR to instantly access your records, you should expect to receive your records in approximately 3-5 business days (note that regular mail takes longer).

About MyIR

MyIR is a Scientific Technologies Corporation developed application that allows consumers access to health records and information. A parent or guardian can register and add access for family members or dependents using a simple and intuitive Web interface.

MyIR is focused on providing current immunization information to parents and guardians. This information can then be presented to schools, child care, and athletic clubs at the parent or guardian's discretion. Families can also manage their immunization schedules and coordinate future recommended immunizations with their healthcare provider based on forecasting information, which is also shown as part of the immunization record in MyIR.



Center for Immunization
Maryland Immunization Information System (ImmuNet)

MDH (For Official Use Only)

Date Received: _____

Initials: _____

Date Fulfilled: _____

Record Status: _____