



**New Mexico Statewide Immunization Information System
("NMSIIS") Disclosure to Patient/Parent/Legal Guardian
Decline to Participate in NMSIIS**

Background

The New Mexico Statewide Immunization Information System ("NMSIIS") is a HIPAA compliant, secure, web-based system that was designed to keep track of immunizations (shots) for you and your family. It documents shots when administered and provides a personalized schedule of recommended shots according to CDC immunization schedules. It can help a person stay current with shots and avoid getting more shots than needed. NMSIIS was authorized by law in 2004 for healthcare providers to record patients' shots. In 2013, the law was amended making it a *requirement* for healthcare providers to enter information about all patients' shots (infant through elders) into NMSIIS.

Who can see shot records?

The law allows these healthcare providers to use NMSIIS: primary care physicians, nurses, pharmacists, managed care organizations, school nurses and other appropriate health care providers or public health entities as determined by the Secretary of Health (for example, the New Mexico Women, Infants & Children Program has been approved to use NMSIIS). Providers who have completed NMSIIS training and received personal log-in credentials can see shot records and use NMSIIS to help their patients get the shots that are needed.

What kind of personal information is recorded in NMSIIS?

- Name
- Date of birth
- Name of responsible person (for example, parent or guardian)
- Contact information for patient or a child's responsible person (for example, address, phone, email)
- Record of shots received
- Shot reactions, if any
- Medical conditions that could influence a decision whether to give a shot

What are patient's rights?

- Patients may review personal shot record, or child's record
- Patients may inform providers or New Mexico Department of Health (NMDOH) about mistakes and/or missing information
- Patients may choose to receive or not receive *reminders* about getting shots that are due
- Patients may choose to make personal record, or child's record, *private* (available ONLY to patient's personal healthcare provider)
- Patients may choose to personally keep track of their (their children's) shots and decline to have one or more shots recorded in NMSIIS (decline to participate)

What are healthcare providers' responsibilities?

- Providers shall enter immunization data into the State's immunization registry (NMSIIS)
- Providers shall ensure that patients' requests to decline participation in NMSIIS are documented with the appropriate form
- Providers shall store patients' Decline to Participate forms in an accessible, orderly system so that in the event of a public health emergency, the provider can retrieve and provide them to NMDOH for review, to inform emergency responses

To contact the NMSIIS Help Desk about concerns regarding a NMSIIS record, call 1-833-882-6454



I have read the *New Mexico Statewide Immunization Information System ("NMSIIS") Disclosure to Patient/Parent/Legal Guardian*. I understand that I have the right to Decline to Participate in NMSIIS, which means that no immunization record for me (my child) will be created in NMSIIS.

By declining to participate for myself or my child, I am aware that:

- My healthcare provider may not have access to my (my child's) entire immunization history unless my healthcare provider is the only one who has given me (my child) all lifetime immunizations;
- I (my child) may be expected to get immunized again because my healthcare provider has no proof that I (my child) already received the immunization(s);
- I (my child) may miss getting immunized and therefore be susceptible to a vaccine-preventable disease;
- My child may not be allowed to enroll in school if I cannot present proof of all required immunizations, per New Mexico law.

Please Print CLEARLY in the spaces provided below:

Patient's First Name: _____ Date of Birth: _____

Patient's Last Name: _____

Patient's Primary Care Provider/Location: _____

Parent/Legal Guardian First Name: _____ Phone () _____

Parent / Legal Guardian Last Name: _____ Today's Date: _____

By signing below, I say that I understand the consequences of declining to participate and I agree that I am responsible for my decision and any consequences.

I swear (or affirm) that all of the forgoing statements are true to the best of my information, knowledge and belief.

Parent/Guardian Signature

Date:

The original, signed Decline to Participate form should be completed and given to your (your child's) healthcare provider at the time of the shot(s) administration.

Each time that an immunization is offered or administered to you (your child), you may complete this form and Decline to Participate in the Registry, which means your healthcare provider will not record the immunization record(s) in the Registry.

Completion and delivery of this form to your healthcare provider is in compliance with:
N.M.S.A. 24-5-8 and 24-5-11 and the corresponding NMSIIS Regulations.