Janet T. Mills Governor

Sara Gagné-Holmes **Acting Commissioner**



Maine Department of Health and Human Services **Maine Center for Disease Control and Prevention** 11 State House Station 286 Water Street **Augusta, Maine 04333-0011** Tel; (207) 287-8016; Fax (207) 287-9058 TTY: Dial 711 (Maine Relay)

ImmPact Patient Non-Participation Form

Patient's complete mailing address City/Town State Zip Code 1. I have been informed that the above-named person is included in Maine's Immunization Informat ImmPact. By signing this form, I choose not to participate at this time. 2. I understand it is my responsibility to notify the provider at each visit that the above opted out of understand if I change health care providers, I will notify them of my choice to opt out. 3. I understand my responsibility to maintain my personal immunization record and that of my minor of the parent or legal guardian. 4. I understand that I or my child may continue to receive immunizations through my health care providence on to participate in ImmPact, those immunization records will not be entered into ImmPact. record will be available to me only through my health care provider. 5. I understand that once I choose not to participate, records currently held in ImmPact will be made avanced that once I choose not to participate, records currently held in ImmPact will be made avanced that once I choose host of participate in Information and I can choose to participate in Information and Information and Information and Information and Information	Patient's First Name, Middle Initial, Last Name		Date	Date of Birth	
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	Signature of Patient (or parent/guardian)			Date	
Relationship to Patient (I am the patient; minor's parent or guardian; power of attorney of patient; etc.)	Printed Name of Patient (or parent/guardian)			Date	
	Rela	ationship to Patient (I am the patient; minor's pare	ent or guardian; power	of attorney of patient; etc.)	

PHONE: (207) 287-3746 **TTY USERS: Dial 711 (Maine Relay)** FAX: (207) 287-8127 Revised 06/16/2024 Page 1 of 1