



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
200 Piedmont Avenue SE
West tower Suite 1508
Atlanta, GA. 30334.**