



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: MM/DD/YYYY Sex: M/F or Unknown Race

Name of Parent or Guardian: Last First Middle

Relation: Telephone Number: Area Code Number

Street Address:

City: State: ZIP:

I request this person be removed from the Georgia Registry of Immunization Transactions 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 Program's office and it is available for review in accordance with OCGA sec. 31-12-3.1 and Department of Human Resources, Division of Public Health, Immunization Program rules and regulations.

No immunization information will be added to the registry for this client until the Georgia Immunization Program receives notification the parent or legal guardian wishes to opt back into the registry. An Opt-In Form is available from the service provider through the GRITS on line system. The Georgia Immunization Program 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

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

GRITS – OPT-OUT
DHR – DPH – Immunization Program
2 Peachtree Street NW
13th Floor, Room 476
Atlanta, GA 30303-3142