

OB-GYNE ASSOCIATES OF LIBERTYVILLE, S.C.
801 S. MILWAUKEE AVE, SUITE 100
LIBERTYVILLE, IL 60048
(847) 680-3400

Immunization Information Systems Authorizations

I authorize my health care provider and a public health agency to collect and enter my immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my medical care and treatment. In addition, information may be released to facilities to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Patient Name (PRINTED) _____ Date of Birth _____

Patient/Guardian Signature _____ Date: _____