Birth Defects Surveillance System

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<th>Statute/Rule</th>
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<th>Research Authority</th>
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<tr>
<td>TX</td>
<td>STATUTE: Texas Statutes (T.S.) Chapter 87, Subchapters A and B RULE: T.A.C., Title 25, Part 1, Chapter 37, Subchapter P, Rules 37.301 -</td>
<td>Sec. 87.021. SURVEILLANCE PROGRAM; REGISTRY ESTABLISHED. (a) The board shall establish in the department a program to: (1) identify and investigate certain birth defects in children; and (2) maintain a central registry of cases of birth defects. (b) The board may authorize the department to implement a statewide program or to limit the program to a part or all of one or more public health regions, depending on the funding available to the department. In establishing the program, the board shall consider: (1) the number and geographic distribution of births in the state; (2) the trained personnel and other departmental resources that may be assigned to the program activities; and (3) the occurrence or probable occurrence of an urgent situation that requires or will require an unusual commitment of the department's personnel and other resources. (c) The board and the department shall design the program so that the program will: (1) provide information to identify risk factors and causes of birth defects; (2) provide information on other possible causes of birth defects; (3) provide for the development of strategies to prevent birth defects; (4) provide for interview studies about the causes of birth defects; (5) together with other departmental programs, contribute birth defects data to a central registry; (6) provide for the appointment of authorized agents to collect birth defects information; and (7) provide for the active collection of birth defects information. (d) The board shall adopt rules to govern the operation of the program and carry out the intent of this chapter. At a minimum, the rules shall: (1) use a medically recognized system to specify the birth defects to be identified and investigated;</td>
<td>Sec. 87.002. CONFIDENTIALITY. (a) Except as specifically authorized by this chapter, reports, records, and information furnished to a department employee or to an authorized agent of the department that relate to cases or suspected cases of a health condition are confidential and may be used only for the purposes of this chapter. (b) Reports, records, and information relating to cases or suspected cases of health conditions are not public information under Chapter 552, Government Code, and may not be released or made public on subpoena or otherwise except as provided by this chapter.</td>
<td>Sec. 87.004. LIMITATION OF LIABILITY. A health professional, a health facility, or an administrator, officer, or employee of a health facility subject to this chapter is not civilly or criminally liable for divulging information required to be released under this chapter, except in a case of gross negligence or willful misconduct.</td>
<td>NO</td>
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<td>select a system for classifying the birth defects according to the public health significance of each defect to prioritize the use of resources; (3) develop a system to select and specify the cases to be investigated; (4) specify a system for selecting the demographic areas in which the department may undertake investigations; and (5) prescribe the training and experience a person must have for appointment as an authorized agent of the department.</td>
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<td>In adopting the rules required by Subsection (d), the board shall consider at least: (1) the known incidence and prevalence rates of a birth defect in the state or portions of the state; (2) the known incidence and prevalence rates of a particular birth defect in specific population groups who live in the state or portions of the state; (3) the morbidity and mortality resulting from the birth defect; and (4) the existence, cost, and availability of a strategy to prevent and treat the birth defect.</td>
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<td>In addition to providing for the active collection of birth defects information under Subsection (c)(7), the board and the department may design the program to also provide for the passive collection of that information.</td>
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Sec. 87.022. DATA COLLECTION.  (a) To ensure an accurate source of data necessary to investigate the incidence, prevalence, and trends of birth defects, the board may require a health facility, health professional, or midwife to make available for review by the department or by an authorized agent medical records or other information that is in the facility's, professional's, or midwife's custody or control and that relates to the occurrence of a birth defect specified by the board.  (b) The board by rule shall prescribe the manner in which records and other information are made available to the department.  (c) The board shall adopt procedural rules to facilitate cooperation between the health care facility, health professional, or midwife and a department employee or authorized agent, including rules for notice, requests for medical records, times for record reviews, and record management during review.

Sec. 87.063. Research; Review and Approval.  (a) The commissioner and the department’s committee for the protection of human subjects shall review each research proposal that requests the use of information in the central registry. …

Sec.A87.065. Coordination with Mexico. In developing the central registry and conducting research in areas of this state that border Mexico, the department shall make every effort to coordinate its efforts with similar efforts and research programs in Mexico.

RULE §37.304 …

(b) The department may release demographic, medical, epidemiological, or toxicological information: … (6) to medical researchers conducting bona fide medical research under the conditions described in §37.306 of this title (relating to Access to Information in the Central Registry), and Health and Safety Code, §87.063.
### RULE §37.305 Surveillance of Birth Defects: Central Registry

**(a)** The central registry shall use a birth defects coding scheme used by the Centers for Disease Control and Prevention (CDC) of the United States Public Health Service in their birth defects monitoring programs.

**(b)** In order for information related to a child to be included in the central registry, the following conditions must be met.

1. The county of occurrence of birth or the mother's residence at the time of birth must have been in Texas.
2. The child must have a structural or genetic birth defect or other specified outcome that can adversely affect his or her health and development as defined in subsection (a) of this section.
3. The defect must be diagnosed prenatally or within one year after delivery. In certain circumstances (e.g., the diagnosis of fetal alcohol syndrome, special studies and childhood genetic disorders diagnosed after infancy), the upper age limit will be extended to age six.
4. In addition, reports of Fetal Alcohol Spectrum Disorders (FASD), regardless of the affected person's age, will be collected under Health and Safety Code, §87.021(f), of the statute providing for passive data collection.

**(c)** A reportable defect as defined in subsection (a) of this section occurring in a fetal death or pregnancy termination shall be included in the central registry.

**(d)** Interaction between department staff and health facility staff is detailed below:

- **(1)** The chief operating officer, administrator, manager, director, and/or person in charge of each facility or office or center shall appoint one staff member as the contact person for the central registry surveillance activities. That staff member will coordinate scheduled visits and/or remote electronic access by central registry staff to review logs, discharge indices and other case-finding sources, and will be responsible for arranging visits and/or remote electronic access for medical records review and providing the needed records at the time scheduled.
(2) Potential cases are obtained by department staff through review of medical and health records, logs, indices, appointment rosters, and other records. Cases may also be obtained through by department staff through review of medical and health records, logs, indices, appointment rosters, and other records. Cases may also be obtained through passive reporting from health facilities and health professionals. (3) Central registry staff and the contact individual shall establish a general schedule of visits and/or remote electronic access for case-finding and record review. This schedule shall take into account the capabilities of the health care facility in responding to requests, as well as the expected needs of the central registry workload. [emphasis added]

(e) The medical records and other materials provided by the health care facility shall not be removed from that facility. If copies are made, registry staff must abide by procedures regarding copier use agreed upon with each health care facility. All information, either on paper or in electronic form, which is removed from the health care facility shall be transported by secure means at all times. Forms, notes, and other information will be carried in locked brief cases and will be stored in locked offices or locked file cabinets.

(4) to appropriate federal agencies such as the Centers for Disease Control and Prevention of the United States Public Health Service;

(5) to medical personnel to the extent necessary to protect the health or life of the child identified in the information; or

(6) to medical researchers conducting bona fide medical research under the conditions described in §37.306 of this title (relating to Access to Information in the Central Registry), and Health and Safety Code, §87.063.
## Cancer Surveillance System

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<td>TX</td>
<td>STATUTE: T.S., Title 2, Chapter 82 RULE: T.A.C., Title 25, Part 1, Chapter 91, Subchapter A</td>
<td>Sec. 82.001. SHORT TITLE. This chapter may be cited as the Texas Cancer Incidence Reporting Act. Sec. 82.003. APPLICABILITY OF CHAPTER. This chapter applies to records of cases of cancer, diagnosed on or after January 1, 1979, and to records of all ongoing cancer cases diagnosed before January 1, 1979. Sec. 82.004. REGISTRY REQUIRED. The board shall maintain a cancer registry for the state. Sec. 82.005. CONTENT OF REGISTRY. (a) The cancer registry must be a central data bank of accurate, precise, and current information that medical authorities agree serves as an invaluable tool in the early recognition,</td>
<td>Sec. 82.008. DATA FROM MEDICAL RECORDS. (a) To ensure an accurate and continuing source of data concerning cancer, each health care facility, clinical laboratory, and health care practitioner shall furnish to the board or its representative, on request, data the board considers necessary and appropriate that is derived from each medical record pertaining to a case of cancer that is in the custody or under the control of the health care facility, clinical laboratory, or health care practitioner. The department may not request data that is more than three years old unless the department is investigating a possible cancer cluster. (b) A health care facility, clinical laboratory, or health care practitioner shall furnish the data requested under Subsection (a) in a reasonable format prescribed by the department and within six months of the patient's admission, diagnosis, or treatment for cancer unless a different period is prescribed by the United States Department of Health and Human Services. (c) The data required to be furnished under this section must include patient identification and diagnosis.</td>
<td>Sec. 82.009. CONFIDENTIALITY. (a) Reports, records, and information obtained under this chapter are confidential and are not subject to disclosure under Chapter 552, Government Code, are not subject to subpoena, and may not otherwise be released or made public except as provided by this section or Section 82.008(h). The reports, records, and information obtained under this chapter are for the confidential use of the department and the persons or public or private entities that the department determines are necessary to carry out the intent of this chapter. (b) Medical or epidemiological information may be released: (1) for statistical purposes in a manner that prevents identification of individuals, health care facilities, clinical laboratories, or health care practitioners; (2) with the consent of each person identified in the information; or (3) to promote cancer research, including release of information to other cancer registries and appropriate state and federal agencies, under rules adopted by the board to ensure confidentiality as required by state and federal laws. (c) A state employee may not testify in a civil, criminal, special, or other proceeding as to the existence or contents of records, reports, or information concerning an individual whose medical records have been used in submitting data required under this chapter unless the individual consents in advance. (d) Data furnished to a cancer registry or a cancer researcher under Subsection (b) or Section 82.008(h) is for the confidential use of the cancer registry or the cancer researcher, as applicable, and is subject to Subsection (a).</td>
<td>NO</td>
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The Texas Cancer Registry is subject to state law that requires compliance with portions of the federal law and regulations cited in §91.3(e) of this title (relating to Who Reports, Access to Records). The department is authorized to use and disclose, for purposes described in the Act, cancer data without patient consent or authorization under 45 C.F.R §164.512(a) relating to uses and disclosures required by law, §164.512(b)(1) and (2) relating to uses and disclosures for public health activities, and §164.512(i) relating to uses and disclosures for research purposes.

RULE §91.12 Requests and Release of Personal Cancer Data.

(a) Data requests for research.

(1) Data requests for research.

(2) Written requests for personal data shall meet the submission requirements of the department's IRB before release.

(3) The branch may release personal cancer data to state, federal, local, and other public agencies and organizations if approved by the IRB.

(4) The branch may release personal cancer data to private agencies, organizations, and associations if approved by the IRB.

(5) The branch may release personal cancer data to any other individual or entities for reasons deemed necessary by the department to carry out the intent of the Act if approved by the IRB.

(b) Data requests for non-research purposes.

(1) The branch may provide reports containing personal data back to the respective reporting entity from records previously submitted to the branch from each respective reporting entity for the purposes of case management and administrative studies. These reports will not be released to any other entity.

(2) The branch may release personal data to other areas of the department, provided that the disclosure is required or authorized by law. All communications of this nature shall be clearly labeled "Confidential" and will follow established departmental internal protocols and procedures.

(3) The branch may release personal cancer data to state, federal, local, and other public agencies and organizations in accordance with subsection (a) of this section.

(4) The branch may release personal cancer data to any other individual or entities for reasons deemed necessary to carry out the intent of the Act and in accordance with subsection (a) of this section.

(5) An individual who submits a valid request for personal cancer data must include:

(d) The department may access medical records that would identify cases of cancer, establish characteristics or treatment of cancer, or determine the medical status of any identified patient from the following sources:

(1) a health care facility or clinical laboratory providing screening, diagnostic, or therapeutic services to a patient with respect to cancer; or

(2) a health care practitioner diagnosing or providing treatment to a patient with cancer, except as described by Subsection (g)…

(4) A health care facility, clinical laboratory, or health care practitioner that knowingly or in bad faith fails to furnish data as required by this chapter shall reimburse the department or its authorized representative for the costs of accessing and reporting the data.…

Sec. 82.010. IMMUNITY FROM LIABILITY. The following persons subject to this chapter that act in compliance with this chapter are not civilly or criminally liable for furnishing the information required under this chapter: (1) a health care facility or clinical laboratory; (2) an administrator, officer, or employee of a health care facility or clinical laboratory; (3) a health care practitioner or employee of a health care practitioner; and (4) an employee of the department.
## Newborn Genetic Testing & Surveillance System

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<td>TX</td>
<td>STATUTE: T.S., Chapter 33. Sections 33.001 – 33.037 RULE: T.A.C. Title 25, Part 1, Chapter 37, Subchapter D, Rules 37.51 – 37.65</td>
<td>Sec. 33.002. DETECTION AND TREATMENT PROGRAM ESTABLISHED. (a) The department shall carry out a program to combat morbidity, including mental retardation, and mortality in persons who have phenylketonuria, other heritable diseases, or hypothyroidism. (b) The board shall adopt rules necessary to carry out the program, including a rule specifying other heritable diseases covered by this chapter.</td>
<td>Sec. 33.012. EXEMPTION. (a) Screening tests may not be administered to a newborn child whose parents, managing conservator, or guardian objects on the ground that the tests conflict with the religious tenets or practices of an organized church of which they are adherents. (b) If a parent, managing conservator, or guardian objects to the screening tests, the physician or the person attending the newborn child that is not attended by a physician shall ensure that the objection of the parent, managing conservator, or guardian is entered into the medical record of the child. The parent, managing conservator, or guardian shall sign the entry.</td>
<td>Sec. 33.002. DETECTION AND TREATMENT PROGRAM ESTABLISHED …(c) The department shall establish and maintain a laboratory to: (1) conduct experiments, projects, and other activities necessary to develop screening or diagnostic tests for the early detection of phenylketonuria, other heritable diseases, and hypothyroidism; (2) develop ways and means or discover methods to be used to prevent or treat phenylketonuria, other heritable diseases, and hypothyroidism; and (3) serve other purposes considered necessary by the department to carry out the program.</td>
<td>NO</td>
<td>YES</td>
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(d) The department may cooperate with other states in the development of a national roster of individuals who have been diagnosed as having one of the disorders for which the screening tests are required if:

1. Participation in the national roster encourages systematic follow-up in the participating states;
2. Incidence and prevalence information is made available to participating newborn screening programs in other states; and
3. Each participating newborn screening program subscribes to an agreement to protect the identity and diagnosis of the individuals whose names are included in the national roster. [emphasis added]

RULE §37.58 Follow-up and Record Keeping on Abnormal Screens

(a) The department shall maintain an active system of follow-up for suspected cases of each disorder for which screens are required.

(b) Health authorities, public health departments, public health districts, and the department's health service regions may provide follow-up and other needed assistance for individuals at risk from the disorders for which screens are required as requested by the department...

(e) Physicians or health care practitioners shall report to the department all confirmed cases of the disorders for which required screens are performed that have been detected by other mechanisms...

(g) The department may follow up with a confirmed case through periodic data collection from the physician or health care practitioner or parent, managing conservator, or guardian.

Sec. 33.013. LIMITATION ON LIABILITY. A physician, technician, or other person administering the screening tests required by this chapter is not liable or responsible because of the failure or refusal of a parent, managing conservator, or guardian to consent to the tests for which this chapter provides.

RULE §37.54. Exemption from Screens

A newborn may not be screened if the parent, managing conservator, or guardian objects to the screens because the screens conflict with the religious tenets or practices of the parent, managing conservator, or guardian.

(8) for purposes relating to improvement of the department’s newborn screening under this chapter or the department’s newborn screening program services under Subchapter C...

(f) In accordance with this section, the commissioner or the commissioner’s designee:
1. May approve disclosure of reports, records, or information obtained or developed under this chapter only for a public health purpose; and
2. May not approve disclosure of reports, records, or information obtained or developed under this chapter for purposes related to forensic science or health insurance underwriting. …
## Vaccination Surveillance System

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| TX    | STATUTE Texas Statutes, Chapter 161 T.A.C. Title 25, Part 1, Chapter 100 | Sec. 161.007. IMMUNIZATION REGISTRY; REPORTS TO DEPARTMENT. (a) The department, for the primary purpose of establishing and maintaining a single repository of accurate, complete, and current immunization records to be used in aiding, coordinating, and promoting efficient and cost-effective childhood communicable disease prevention and control efforts, shall establish and maintain an immunization registry. The executive commissioner of the Health and Human Services Commission by rule shall develop guidelines to:  
(1) protect the confidentiality of patients in accordance with Section 159.002, Occupations Code;  
(2) inform the individual or the individual's legally authorized representative about the registry and that registry information may be released under Section 161.00735;  
(3) require the written or electronic consent of the individual or the individual's legally authorized representative before any information relating to the individual is included in the registry; [emphasis added] | Sec. 161.007. IMMUNIZATION REGISTRY; REPORTS TO DEPARTMENT.  
(a-1) The written or electronic consent required by Subsection (a)(3) for an individual younger than 18 years of age is required to be obtained only one time. The consent is valid until the individual becomes 18 years of age unless the consent is withdrawn in writing or electronically. A parent, managing conservator, or guardian of a minor may provide the consent by using an electronic signature on the minor’s birth certificate.  
(b-1) The department shall remove from the registry information for any individual for whom consent has been withdrawn. The department may not retain individually identifiable information about any individual:  
(1) for whom consent has been withdrawn;  
(2) for whom a consent for continued inclusion in the registry following the end of the declared disaster, public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency has not been received under Section 161.00705(f); or  
(3) for whom a request to be removed from the registry has been received under Section 161.00706(e). | Sec. 161.007. IMMUNIZATION REGISTRY; REPORTS TO DEPARTMENT.  
...(j) Except as provided by Sections 161.00705, 161.00706, 161.00735(b), and 161.008, information obtained by the department for the immunization registry is confidential and may be disclosed only with the written or electronic consent of the individual or the individual's legally authorized representative.  
(k) The executive commissioner of the Health and Human Services Commission shall adopt rules to implement this section. | YES | |
(4) permit the individual or the individual's legally authorized representative to withdraw consent for the individual to be included in the registry; and
(5) determine the process by which consent is verified, including affirmation by a health care provider, birth registrar, regional health information exchange, or local immunization registry that consent has been obtained.

e) A payer that receives data elements from a health care provider who administers an immunization to an individual younger than 18 years of age shall provide the data elements to the department. A payer is required to provide the department with only the data elements the payer receives from a health care provider. A payer that receives data elements from a health care provider who administers an immunization to an individual 18 years of age or older may provide the data elements to the department. The data elements shall be submitted in a format prescribed by the department. The department shall verify consent before including the reported information in the immunization registry. The department may not retain individually identifiable information about an individual for whom consent cannot be verified.

(2) submitting written notification to the department in a format prescribed by the department or substantially similar and mailed to the Department of State Health Services, Immunization Branch, MC-1946, P.O. Box 149347, Austin, Texas 78714-9347, or by courier to Department of State Health Services, Immunization Branch, 1100 West 49th Street, MC-1946, Austin, Texas 78756, or by calling the Immunization Branch at (800) 252-9152 to request a consent form;

(3) completing written consent to be submitted to a health care provider, birth registrar, regional health information exchange, or local immunization registry, who may review that consent and affirm that consent has been obtained via an affirmation process as directed by the department.

(b) Unless otherwise provided by §100.7 of this title (relating to Potential and Declared Disasters, Public Health Emergency, Terrorist Attack, Hostile Military or Paramilitary Action, and Extraordinary Law Enforcement Emergency Event), the department shall verify consent before including the reported information regarding the child in the immunization registry. Under Health and Safety Code, §161.007(a)(5), the department may elect to verify consent by receiving affirmation from a health care provider, birth registrar, regional health information exchange, or local immunization registry that consent has been obtained. The department shall provide notice to a provider that submits data elements for a person for whom consent cannot be verified. The notice shall contain instructions for obtaining and affirming consent and resubmitting the data elements to the department.

c) Consent is required to be obtained only one time, and is valid until the child becomes 18 years of age, unless the consent is withdrawn in writing.

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Sec. 161.00705. RECORDING ADMINISTRATION OF IMMUNIZATION AND MEDICATION FOR DISASTERS AND EMERGENCIES. (a) The department shall maintain a registry of persons who receive an immunization, antiviral, and other medication administered to prepare for a potential disaster, public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency or in response to a declared disaster, public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency. A health care provider who administers an immunization, antiviral, or other medication shall provide the data elements to the department. (b) The department shall maintain the registry as part of the immunization registry required by Section 161.007.

Sec. 161.00706. FIRST RESPONDER IMMUNIZATION INFORMATION. (a) A person 18 years of age or older who is a first responder or an immediate family member of a first responder may: (1) request that a health care provider who administers an immunization to the person provide data elements regarding the immunization to the department for inclusion in the immunization registry; or (2) provide the person's immunization history directly to the department for inclusion in the immunization registry.
(d) A health care provider who administers an immunization to an individual younger than 18 years of age shall provide data elements regarding an immunization to the department. A health care provider who administers an immunization to an individual 18 years of age or older may submit data elements regarding an immunization to the department. The data elements shall be submitted in a format prescribed by the department. The department shall verify consent before including the information in the immunization registry. The department may not retain individually identifiable information about a person for whom consent cannot be verified.

(e) The department shall provide notice to a health care provider that submits an immunization history for a person for whom consent cannot be verified. The notice shall contain instructions for obtaining consent in accordance with guidelines adopted under Subsection (a) and resubmitting the immunization history to the department.

(d) A parent, managing conservator or legal guardian of a patient younger than 18 years of age may withdraw consent for the child to be included in the registry at any time by submitting written notification to the department in a format prescribed by the department or substantially similar and mailed to the Department of State Health Services, Immunization Branch, MC-1946, P.O. Box 149347, Austin, Texas 78714-9347, or by courier to Department of State Health Services, Immunization Branch, 1100 West 49th Street, MC-1946, Austin, Texas 78756, or by calling the Immunization Branch at (800) 252-9152 to request a consent withdrawal form. Unless otherwise provided by §100.7 of this title, the department shall remove information from the immunization registry for any person for whom consent has been withdrawn, and the department shall send the parent, managing conservator or legal guardian a written confirmation of the removal of the information. The department may not retain individually identifiable information about any person for whom consent has been withdrawn except as provided for by §100.7 of this title.

(e) A parent, managing conservator or legal guardian may request exclusion of a child's immunization history from the immunization registry by doing one of the following:

1. indicating the request for exclusion at birth certificate registration, including by electronic signature; or

Sec. 161.0076. COMPLIANCE WITH FEDERAL LAW. If the provisions of this chapter relating to the use or disclosure of information in the registry are more stringent than the Health Insurance Portability and Accountability Act and Privacy Standards, as defined by Section 181.001, then the use or disclosure of information in the registry is governed by this chapter.

Sec. 161.008. IMMUNIZATION RECORD. (a) An immunization record is part of the immunization registry. (c) The department may obtain the data constituting an immunization record for a child from a public health district, a local health department, the individual or the individual's legally authorized representative, a physician to the individual, a payor, or any health care provider licensed or otherwise authorized to administer vaccines. The department shall verify consent before including the reported information in the immunization registry. The department may not retain individually identifiable information about a person for whom consent cannot be verified. (d) The department may release the data constituting an immunization record for the individual to:

1. any entity that is described by Subsection (c);
2. a school or child care facility in which the individual is enrolled; or
3. a state agency having legal custody of the individual.

(e) An individual or the individual's
(f) The department and health care providers may use the registry to provide notices by mail, telephone, personal contact, or other means to an individual or the individual's legally authorized representative regarding an individual who is due or overdue for a particular type of immunization according to the department's immunization schedule for children or another analogous schedule recognized by the department for individuals 18 years of age or older. The department shall consult with health care providers to determine the most efficient and cost-effective manner of using the registry to provide those notices.

(2) submitting written notification to the department in a format prescribed by the department or substantially similar and mailed to the Department of State Health Services, Immunization Branch, MC-1946, P.O. Box 149347, Austin, Texas 78714-9347, or by courier to Department of State Health Services, Immunization Branch, 1100 West 49th Street, MC-1946, Austin, Texas 78756, or by calling the Immunization Branch at (800) 252-9152 to request an exclusion form. Unless otherwise provided by §100.7 of this title, on receipt of a written request to exclude a child's immunization records from the registry, the department shall send the parent, managing conservator or legal guardian a written confirmation of receipt of the request, and shall exclude the child's records from the registry. The department may not retain individually identifiable information about any person for whom an exclusion has been requested, unless otherwise allowed under §100.7 of this title.

Legally authorized representative may obtain and on request to the department shall be provided with all individually identifiable immunization registry information concerning the individual. (f) A person, including a health care provider, a payer, or an employee of the department, that submits in good faith an immunization history or data to or obtains in good faith an immunization history or data from the department in compliance with the provisions of this section and any rules adopted under this section is not liable for any civil damages. (g) The department may release non-identifying summary statistics related to the registry that do not individually identify an individual. (h) The executive commissioner of the Health and Human Services Commission shall adopt rules to implement this section.