

Please sign and include this document when submitting any credentials to REPtrax.



REPtrax Consent for use of Protected Information

I, _____, knowingly and willingly give my consent to USA deView INC., doing business as deView electronics ("deView", or "deView electronics") to use and store in its REPtrax system and website any and all of the documents I provide to deView electronics specifically including my vaccination history which may include proof of TB screening, HepB inoculation, Chickenpox inoculation/proof of immunity, and MMR inoculation/proof of immunity.

I do hereby authorize deView electronics, to view, and upload my credentials on to www.reptrax.com under my specific REPtrax profile. I understand that this information may be viewed by authorized users of the REPtrax system including employees of the hospital that are provided a secure username and password. I acknowledge that this is an "online" repository of my information. I understand that deView electronics has adopted reasonable measures to secure and protect my personal information, including Vaccination history, but I accept the inherent risk of malicious infiltration of the system and do not hold deView electronics responsible for any harm if my information is accessed.,

1. I will ***not*** provide deView (REPtrax) any other sensitive data such as my Social Security Number
2. I will ***not*** provide deView (REPtrax) any medical information that does not pertain to the following vaccinations: TB, HEP B, Chickenpox, & MMR
3. I reserve the rights to change the access to my information at any time by contacting deView electronics or deleting the documents within my profile.
4. This form is valid as long as I am a Premium member of the REPtrax community, however, everytime I provide credentials to deView electronics, I agree to execute a separate REPtrax Consent of use of Protected Information form.

A photocopy/fax of the signed original of this "REPtrax Consent for use of Protected Information" shall have the same force and effect as the original and shall be sufficient for the same purposes.

Signature

Date

Print Name