



Quick Reference Guide: WyIR Rescind Opt-Out

Last Revised: 01/2024

Purpose:

Wyoming Department of Health (WDH) Immunization Program Administrative Rules require that all immunizations administered in the state of Wyoming must be reported to the Wyoming Immunization Registry (WyIR). The WyIR is an opt-out registry, meaning that patients may ask for their vaccination information in the WyIR to be anonymous. The WDH shall ensure that the process to opt-out immunization information from the WyIR is readily available and not burdensome.

Provider Responsibilities:

Providers should make the WyIR Rescind Opt-Out Request Form available and provide it to patients when requested. This form can be printed from the WDH Immunization Unit [website](#).

Rescind Opt-Out Procedure for Providers:

- i. Conduct a patient search or query in the WyIR to determine if a current record for the patient is in the WyIR.
 1. See Quick Reference Guide: Searching for a Patient on the Immunization Unit [website](#).
- ii. If a returned search or query determines that a record exists but the record is not flagged as opt-out (black text); or, if the patient has no record in the WyIR:

Patient Search Results						
Records Found = 3			Search Criteria: Last Name (Exact)			
Show 25 entries						Search:
First Name	Middle Name	Last Name	Birth Date	City	Grd First Name	Grd Last Name
NOTOPT		OUT	05/04/2023	CHEYENNE	TESTING	

Black font indicates a patient is NOT opt-out.

1. This patient is not opt-out.
2. Report the patient and immunization information into the WyIR at the time of patient encounter.
- iii. If a returned search identifies the individual as opted-out (red text):



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First Name ▲	Middle Name ◀	Last Name ◀	Birth Date ◀	City ◀	Grd First Name ◀
NOTOPT		OUT	05/04/2023	CHEYENNE	TESTING
OPT		OUT	04/17/2006	CHEYENNE	TESTING
OPT		OUT	12/30/1990	CHEYENNE	

Red font indicates the patient IS opt-out.

1. Direct patients, parents, or guardians who request to rescind opt-out of the WyIR to the WylR Rescind Opt-Out Request Form located on the [Immunization Unit Website](#)
2. Manually create an anonymous vaccine entry using the “Add Anonymous” option under the “Vaccinations” menu in the WylR. **Immunizations must remain anonymous until the WylR Rescind Opt-Out form is processed by the WDH Immunization Unit and the patient is no longer marked as “opt-out” in the WylR as indicated in red.** Anonymous vaccines can be entered using the statuses below:

- a. “Add Administered” - This should be selected if the lot number administered to the patient is maintained in WylR inventory.
- b. “Add Historical” - This should be selected if the lot number administered to the patient is not maintained in WylR inventory OR historical vaccination records are being entered for a patient who is opt-out.
 - i. When adding a historical entry, provide as much information as possible, to include the lot number and manufacturer, if available.

3. Click “Save.”



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- b. Patients may submit official records of immunization to their healthcare provider, a local Public Health Nursing (PHN) office, or complete and submit the Amendment Request form to the WDH Immunization Unit accompanied with an official record of immunization to be reentered in the WyIR. This form can be printed from the WDH Immunization Unit [website](#).
- c. The patient, parent, or guardian must:
 - i. Complete and sign the WyIR Rescind Opt-Out Request Form.
 - ii. Mail, fax or email one copy of the WyIR Rescind Opt-Out Request Form with proof of identity to the WDH Immunization Unit using the information on the form.
 - iii. Retain one signed copy of the WyIR Rescind Opt-Out Request Form for their personal records.

Rescind Opt-Out Procedure for WDH:

The Immunization Unit designee will:

1. Process the completed WyIR Rescind Opt-Out Request Form and send an acknowledgement letter along with a copy of the completed WyIR Rescind Opt-Out form to the patient, parent, or guardian.
2. The WDH Immunization Unit Nurse Consultant or designee will enter submitted immunization information into the WyIR from an official record of immunization if an Amendment Request is received.
3. Any PHN office may take information from an official record of immunization and enter it into the WyIR as historical vaccination information.

Resources:

[Rescind Opt-Out Form](#)

[Quick Reference Guide: Searching for a Patient](#)

Still have questions? Please contact:

WyIR Help Desk: 833-231-1451 or wyir.helpdesk@wyo.gov



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