



# Quick Reference Guide: WyIR 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 Opt-Out Request Form available and provide it to patients when requested. The WyIR is a mandatory reporting registry, therefore, opt-out request forms should only be provided upon request from the patient and not a substitute for data entry. This form can be printed from the WDH Immunization Unit [website](#).

## Opt-Out Procedure for Provider Sites:

- 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 but the patient requests to opt-out:

Patient Search Results						
Records Found = 3			Search Criteria: Last Name (Exact)			
Show 25 entries			Search: <input type="text"/>			
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. Direct patients, parents, or guardians who request to opt-out of the WyIR to the WyIR Opt-Out Request Form located on the [Immunization Unit Website](#).
2. When possible, assist in submitting the completed form to the WDH Immunization Unit using the information on the form.
3. Report the patient and immunization information into the WyIR at the time of patient encounter. **This information will remain in the WyIR until the WyIR Opt-Out form is received from the patient, parent, or guardian, and processed by the WDH Immunization Unit.**



# IMMUNIZATION UNIT

Wyoming Department of Health  
Immunization Unit  
(307) 777-7952

[www.immunizewyoming.com](http://www.immunizewyoming.com)

- iii. If a returned search identifies the individual as opted-out, as indicated in red:

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. Manually create an anonymous vaccine entry using the “Add Anonymous” option under the “Vaccinations” menu in the WylR.

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.

- 2. Click “Save.”
- b. The patient, parent, or guardian must:
  - i. Complete and sign the WylR Opt-Out Request Form.



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- ii. Mail, fax or email one copy of the WylR 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 WylR Opt-Out Request Form for their personal records.

### **Opt-Out Procedure for WDH:**

The Immunization Unit designee will:

1. Process the completed WylR Opt-Out Request Form and send an acknowledgement letter along with a copy of the completed WylR Opt-Out request to the patient, parent or guardian.
2. The individual or individual's child or dependent demographic information will be marked as opt-out as indicated in red, in the WylR and the immunization information made anonymous and maintained in aggregate form.

Resources:

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

[WylR Opt-Out Form](#)

Still have questions? Please contact:

WylR Help Desk: 833-231-1451 or [wylr.helpdesk@wyo.gov](mailto:wylr.helpdesk@wyo.gov)



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