



Wyoming Immunization Registry Opt-Out Form



Stefan Johansson
Director

Mark Gordon
Governor

The Wyoming Immunization Registry (WyIR) is a confidential, computerized, population-based system that collects and maintains immunization data for Wyoming residents of all ages as reported or submitted by Wyoming immunization healthcare providers. The WyIR includes data analysis tools used by the Wyoming Department of Health, Public Health Division for designing and sustaining effective immunization strategies to prevent disease and reduce healthcare costs. Enrolled healthcare providers are able to report to the WyIR the vaccines that patients have received in the past, as well as, review any recommended vaccines at the time of a healthcare visit. Enrolled healthcare providers may also print immunization records from the WyIR for Wyoming residents. Information provided on the opt-out request, including name, date of birth and other patient demographics shall be maintained for tracking purposes. Immunization information in the WyIR shall be maintained in de-identified aggregate format.

Information in the WyIR may only be used and disclosed as permitted or required by state and federal law, including the HIPAA Privacy Rule.

Under Wyoming law, you have the right to exclude you or your child or dependent immunization information from WyIR at any time. If you choose to exclude you or your child or dependent immunization information from WyIR, you are responsible for keeping you or your child or dependent immunization records. NOTE: WyIR works on a search function; system users have to search for and find an individual in the WyIR prior to viewing or updating the individual's record. Patient demographics such as First Name, Last Name and Date of Birth are retained in the WyIR in order to track the opt-out status. Immunization information is made anonymous in the WyIR and kept in aggregate form.

Patient Information: Please print clearly.

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ MAIDEN/OTHER NAME: _____

DATE OF BIRTH: _____ GENDER: FEMALE ☐ MALE ☐

STREET ADDRESS: _____

MAILING ADDRESS (If different from Street address): _____

CITY _____ STATE _____ ZIP CODE _____



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By signing this Opt-Out form, I confirm that I am the individual or parent/legal guardian of the individual listed above. I choose to have immunization information for myself/my child excluded from WyIR. I can continue to receive vaccines for myself/my child from my healthcare provider even if the immunization information is excluded from WyIR.

(Please print) Individual or Parent/Legal Guardian Full Name

Signature of individual or Parent/Legal Guardian

Date

It is your responsibility to mail, fax or email this form with proof of identity to:

Wyoming Department of Health
Immunization Unit
122 West 25th Street, 3rd Floor West
Cheyenne, WY 82002
Fax 307-777-3615
Email: wyir@wyo.gov

If you have questions, call 307-777-7952 or email wyir@wyo.gov.

For Office Use Only

Date Received: _____

Approved

Denied

Delayed, we will act on this request by: _____

Comments: _____

WDH Representative Signature: _____