

**Request for Access to Immunization Records
Wyoming Department of Health
Wyoming Immunization Registry (WyIR)**

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), clients have a right to request a copy their health information. Wyoming Department of Health (WDH) requires all requests to be in writing.

I hereby request access to health information for:

Client Name (print):	
Current Mailing Address:	
Alternate Address: (within the last 3 years)	
Date of Birth:	Date of Request:

- I would like a copy of the immunization record maintained in the WyIR.
- I understand if I am under the age of eighteen (18), my parent or guardian must request my records on my behalf or I must be able to demonstrate I am emancipated.

Signature: _____ **Print Name:** _____

Phone Number: _____ **Date of Signature:** _____

For Office Use Only

<i>Please indicate the relationship:</i>	Self	Parent or Guardian of Minor
Guardian or Conservator	Representative of deceased	Other; Specify
<i>Documentation of Relationship:</i>	Reviewed	Attached
IRMS# (pin)	Review ID:	
Office Location:	County PHN Representative:	
<i>Request Outcome:</i>		
Approved	Denied; Reason for Denial	
<i>Date Processed:</i>		
<i>Comments:</i>		

Wyoming Department of Health
Wyoming Immunization Registry
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WYIR@wyo.gov (email)