

**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 of their health information. Wyoming Department of Health (WDH) requires all requests to be in writing.

I hereby request access to health information for:

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

- 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**

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

Wyoming Department of Health  
Wyoming Immunization Registry  
6101 Yellowstone, Suite 420 – Cheyenne, WY 82002  
(307)777-7996 (Fax)  
[WYIR@wyo.gov](mailto:WYIR@wyo.gov) (email)