FOR OFFICE USE ONLY
TEMP PIN: _____

Washington State Department of Health

WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM

A COPY OF THIS COMPLETED ORIGINAL DOCUMENT IS CONSIDERED THE SAME AS THE ORIGINAL

AUTHORIZATION TO RELEASE IMMUNIZATION RECORDS

Washington State Immunization Information System, PO Box 47843, Olympia, WA 98504-7843
Phone: 1-866-397-0337 | Fax: 360-236-3590 | E-mail: WAIISRecords@doh.wa.gov

Patient/Child Information (if requesting records for more than one patient or child, see side 2 of this form):

Patient/Child First Name | Patient/Child Middle Name | Patient/Child Last Name

Patient/Child Date of Birth (MM/DD/YYYY) | Patient/Child Previous Name(s)

Patient/Guardian Information:

Patient/Guardian Full Name (if patient is less than 18 years old) | Patient/Child or Parent Phone Number (include area code)

Address (including apt. #, if applicable) | City | State | Zip Code

Patient/Guardian E-mail Address | Patient/Guardian Date of Birth (MM/DD/YYYY)

I request and authorize the Washington State Immunization Information System to release the system's immunization information for the patient/child named above and on side 2 of this form to the person or agency named here:

First and Last Name | Agency (if applicable) | Phone Number (include area code)

Records requested by e-mail, fax, or postal mail will be sent no later than 15 business days (usually within 3 to 5 business days) after receipt of this signed authorization. If choosing to register for ©MyIR, records will be available immediately upon completion of registration. **Choose all that apply:**

- ☐ E-mail records to: _____
- ☐ Fax records to: _____
- ☐ Mail records to: _____
  Mailing address, including apt. #, city, state, and zip code
- ☐ Access immunization records online via MyIR.net or MyIRMobile.com (please specify which): _____

Unless earlier terminated as provided for on the back of this form, this authorization expires 18 years after it is signed or when the child turns 18 years of age, whichever is first.

I declare under penalty of perjury under the laws of the state of Washington that this information is true and correct, and that I am the patient or am authorized to sign this release on the patient's/child's behalf.

Signature of Patient or Parent/Legal Guardian (electronic signature is not acceptable) | Relationship to Patient/Child

Date (MM/DD/YYYY)

If requesting records for more than one patient or child, add information here:

1.

Patient/Child First Name | Patient/Child Middle Name | Patient/Child Last Name

/ /

Patient/Child Date of Birth (MM/DD/YYYY) | Patient/Child Previous Name(s)

2.

Patient/Child First Name | Patient/Child Middle Name | Patient/Child Last Name

/ /

Patient/Child Date of Birth (MM/DD/YYYY) | Patient/Child Previous Name(s)

3.

Patient/Child First Name | Patient/Child Middle Name | Patient/Child Last Name

/ /

Patient/Child Date of Birth (MM/DD/YYYY) | Patient/Child Previous Name(s)

4.

Patient/Child First Name | Patient/Child Middle Name | Patient/Child Last Name

/ /

Patient/Child Date of Birth (MM/DD/YYYY) | Patient/Child Previous Name(s)

About the Washington State Immunization Information System

The Washington State Immunization Information System is a statewide, lifetime immunization registry that keeps track of immunization records for people of all ages to help ensure on-time immunization. Information in the system comes from the public portion of a child's birth certificate as well as immunization records from healthcare providers and health plans. If you feel the immunization record you received is incorrect or incomplete, you may ask your provider to correct it. If they can't correct it or do not have a copy of your complete immunization history, please contact our Help Desk at WAIISRecords@doh.wa.gov or 1-866-397-0337.

Patient-specific information is used for authorized purposes only, outlined in our Information Sharing Policy that can be found as an appendix in the Information Sharing Agreements online at www.waiis.wa.gov (under Documents). Your request for the system to release data is not related to and will not modify any other privacy conditions in the Information Sharing Agreement or applicable state and federal privacy laws. Your request to release immunization records will not affect any of the services provided to you through the system.

Please be aware that your information may not be secure once it leaves the Immunization Information System. It will not be encrypted if you ask for it to be sent via e-mail. If you ask for it to be sent to a third party not covered by privacy laws, that party may disclose it to others. The Immunization Information System is not responsible for the protection of your information after sending it. You may revoke this authorization at any time by sending a written request to the Washington State Immunization Information by mail to PO Box 47843, Olympia, WA, 98504-7843 or by fax to 360-236-3590. Your request to revoke will not apply to information released before we received your request to revoke.

About ©MyIR

©MyIR.net is a Scientific Technologies Corporation developed application that allows consumers access to health records and information. A parent or guardian can register and add access for family members or dependents using a simple and intuitive Web interface.

Access to health records is only allowed once the parent or guardian completes and signs this authorization to release immunization records. This ensures that the parent or guardian is permitted access to the family's records as required for compliance to federal law.

©MyIR.net is focused on providing current immunization information to parents and guardians. This information can then be presented to schools, child care, and athletic clubs at the parent or guardian's discretion. Families can also manage their immunization schedules and coordinate future recommended immunizations with their healthcare provider based on forecasting information, which is also shown as part of the immunization record in ©MyIR.