



STATE OF WASHINGTON

**DEPARTMENT OF HEALTH**

Prevention and Community Health

Office of Immunization and Child Profile

PO Box 47843 • Olympia, Washington 98504-7843

*360-236-3595 • FAX -360-236-3590 • TDD Relay Service: 711*

Thank you for your call or e-mail about declining participation in the Washington State Immunization Information System. We understand your concerns about privacy and confidentiality and respect your right to decline participation.

Before you make a final decision, we encourage you to talk to your healthcare providers, as they may rely on information in the Immunization Information System to give appropriate care to you. Here are some things to consider:

- The Washington State Immunization Information System is our state's lifetime immunization registry. It allows healthcare providers to keep track of your immunizations and when you may or may not need to get vaccinated.
- The Washington State Immunization Information System gets your information from healthcare providers and health plans.
- The state employees and contractors who maintain the Washington State Immunization Information System are legally bound by federal and state confidentiality and privacy rules.
- Besides you, the only other people authorized to see your information in the Washington State Immunization Information System are healthcare professionals. To become authorized, healthcare professionals must sign a special information sharing agreement with the Washington State Department of Health.
- Information in the Washington State Immunization Information System is not used for commercial or marketing purposes.
- You may need a copy of your immunization record for college, the military, etc. Deleting your information from the Washington State Immunization Information System may prevent you from obtaining this information in the future, including through MyIR.

If, after reading the information above, you still want to decline participation in the Washington State Immunization Information System, please fill out and sign the attached form and mail it back to us. Or, you can fax or e-mail a scanned copy of the signed original (electronic signatures are not acceptable). If you have any questions, please call us at 1-866-397-0337.

**REQUEST TO DECLINE PARTICIPATION**

Washington State Immunization Information System, PO Box 47843, Olympia, WA 98504-7843

Phone: 1-866-397-0337 | Fax: 360-236-3590 | E-mail: [cphp@doh.wa.gov](mailto:cphp@doh.wa.gov)

*First Name		Middle Name	*Last Name	
		/ /		
Alias/Nickname		* Date of Birth	*Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
*Address (including apt. #, if applicable)		*City	*State	*Zip Code
( )				
*Phone Number (to reach you in case we're unable to locate your record)				
*required field				

**I want to decline participation in the following\*\*:**

Washington State Immunization Information System:

- ☐ Delete only my immunization records from the system
- ☐ Delete **all** of my information from the system (including my immunization records)

Please mail me a copy of my official immunization record to the address above so I have it for future reference:

- ☐ Yes
- ☐ No

\*\*The Washington State Department of Health may receive your information again from your healthcare provider or health plan and will not be able to stop that information from getting back into the system. To make sure this doesn't happen, you need to tell your healthcare providers that you don't want your information in the system.

Comments:

		/ /
*Signature (must be original signature)		*Date