



FOR OFFICE USE ONLY

Patient Name: _____

MRN: _____

DOB: _____

Provider: _____

Date: _____

Patient Name _____ Date of Birth _____

WISCONSIN IMMUNIZATION REGISTRY (WIR)

The Wisconsin Immunization Registry (WIR) electronically stores immunization records in a secure system. Those who can access the database include health care providers to determine which immunizations are due and schools to determine student immunization status.

Statewide release occurred in May 2000. All demographic information for births occurring in Wisconsin since January 1995 is included and continues to be updated on a weekly basis.

The WIR is accessible online at <http://dhfsWIR.org>

Option to View the WIR Database	“Opt-Out” Option to be Excluded from the WIR	“Opt-Back In” Option to Withdraw Exclusion
<p>Do you wish for us to provide the patient’s social security number to the WIR so that you may have access to the WIR database? <i>(accessible at http://dhfsWIR.org)</i></p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>The WIR database is available on the Internet for patients or legal representatives/guardians to access only if ProHealth Care Medical Associates (PHCMA) releases the patient’s social security number to the WIR. To view immunization records, enter the “blinded” (not viewable) social security number in the secure WIR website.</p>	<p>Unless the box below is marked, PHCMA will release all immunization records to the WIR. Until the box below is marked and this completed form has been received and processed by PHCMA, all immunization records will continue to be released.</p> <p><input type="checkbox"/> Do NOT send immunization records to the WIR. I understand this will not apply to any disclosures of information already made by PHCMA to the WIR.</p> <p><small>[Note: If this box is checked, PHCMA will not report immunization information to the WIR database. Should the WI Department of Health and Family Services (DHFS) request immunization information, PHCMA would report it to DHFS, as required by law.]</small></p>	<p>If you previously signed a form to not send immunization records to the WIR, you have the option to request we now send them. By marking the box below, PHCMA will release all immunization records to the WIR.</p> <p><input type="checkbox"/> Please send immunization records to the WIR.</p>
<p>Send Completed Forms by Mail: PHCMA Hartford HIM, 110 Lone Oak Lane, Hartford, WI 53027 or by Fax: 262-670-5580</p>		

Signature of patient or Legal representative/guardian _____

Print Name _____

Relationship to Patient _____

/ /

Date _____

PHCMA USE ONLY		
<input type="checkbox"/> SSN validated and/or obtained & provided to PSR to enter		
PHCMA Hartford HIM Dept Use Only		
Date Rec'd _____	Date Entered _____	Initials Completed _____