IDAHO DEPARTMENT OF HEALTH & WELFARE

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IDAHO IMMUNIZATION PROGRAM
BUREAU OF COMMUNICABLE DISEASE PREVENTION
DIVISION OF PUBLIC HEALTH
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Idaho's Immunization Reminder Information System (IRIS) Opt – out Request Form

Idaho's Immunization Reminder Information System (IRIS) is a secure health information system containing the names and immunization history of people who have received vaccinations in Idaho. This information is available only to authorized health care providers, child care providers, and schools. Participation in IRIS is voluntary and you may opt out at any time by contacting the Idaho Immunization Program at (208)334-5931 and requesting an opt-out form, or by completing the opt-out form on our website www.immunizeidaho.com.

People may opt out of IRIS in one of two ways (please choose only one):

□ **I wish to opt out of IRIS for myself, my minor child (under the age of 18 years), or person for whom I am a legal guardian. Please remove only immunization-related information. I give permission for my/his/her demographic information including name, address, phone number, mother's maiden name, date of birth and gender to be retained in IRIS. This retained demographic information will not be viewable by medical providers, schools or childcare staff. I understand that allowing demographic information to be retained in IRIS will reduce the chance of accidental or intentional re-entry of vaccination information about me/him/her.**

OR

□ **I wish to opt out of IRIS for myself, my minor child (under the age of 18 years), or person for whom I am a legal guardian. Please remove all information from IRIS: both immunization and demographic. By making this selection, I understand that at any time, information regarding myself, my child, or person for whom I am a legal guardian, may be re-entered by a health care provider. I understand that I must work with my health care provider(s) to ensure this information is not re-entered into IRIS.**

Regardless of the Opt-out method you've selected, please complete the following information about the person opting out (all fields must be completed to ensure the correct person is deleted from IRIS):

Name of Patient: _____ _____ _____
Last **First** **Middle Initial**

Date of Birth: _____ **Gender**: _____
MM/DD/YYYY **(M/F/Unknown)**

Person Requesting Patient Opt-Out: _____ **Relationship to Patient**: Self/Parent/Guardian
(Please Circle one)

Patient's Mother's Maiden Name: _____

Patient Address: _____

City: _____ **State**: _____ **Zip Code**: _____

Patient Telephone Number: _____
(Area Code) Number

Information about the person completing the opt-out request (this information will be used to contact you if this form is incomplete or unclear, to send you a letter once your request has been completed, and will be filed as legal documentation of the opt-out request).

☐ S**ame as above** (If not, please complete additional information below):

Name of Person Requesting Patient Opt-Out: _____

Relationship to Patient: Self/Parent/Guardian **(please circle one)**

Address: _____

City: _____ **State**: _____ **Zip Code**: _____

Telephone Number: _____ **Email Address**: _____

*I understand that my request to opt-out of IRIS for myself, my minor child, or person for whom I am a legal guardian means that the record being deleted will not be available to authorized health care providers, child care providers, or school officials through IRIS***.**

Please remember that if you opt to have information about yourself, your minor child, or person whom you are a legal guardian be removed from IRIS, then you must maintain the individual's immunization (shot) records. Verification of immunization status is a requirement for entry to schools (including some secondary schools and colleges), summer or day camps, employment in certain industries, participation in certain volunteer activities, and other situations.

_____

Signature *Date*

By signing [or digitally signing] this form, I verify the information above is accurate and represents my request to have information about myself, my minor child, or person for whom I am a legal guardian, deleted from IRIS. I am certifying that I have the legal authority to make decisions for the person listed on this form.