WyIR Access Level Form – Immunization Providers

Name of Organization: _____ Name of Facility: _____

The role of the Facility Contact is to add users, define permissions, and remove users for their respective Facility. When a user terminates employment or changes duties, and access to the WYIR is no longer necessary, the Facility Contact agrees to notify the WyIR Coordinator by submitting a WyIR Remove User Form within 24 hours of the employee's last day of employment. By typing your name below you certify that you have read, understood, and agreed to assume the responsibilities listed on this form for the role of Facility Contact.

Facility Contact: _____ Date: _____

Please provide the information in the table below for anyone in your practice who will need access to the WyIR.

WyIR Access Levels				
1. **View Only:** Allows patient record look up, creation and printing of reports. Users with this access level can not add or change any information, but may print an Official Record of Immunization. Permissions include View User Report Access.				
2. **View/Add:** Allows users the ability to add vaccination information, add patients to the WyIR, and edit patients.				
3. **Vaccine Coordinator:** Allows the permissions listed under View/Add, plus the ability to add/edit lot numbers to facility inventory, add/edit Physician/Vaccinators, run Reminder/Recall templates, receive scheduled reports regarding short-dated vaccines, and order vaccines through VOMS. ****LIMITED TO 2 USERS****				
4. **HL7 Interface-THR:** Allows a Facility for a WyIR Organization to establish a HL7 uni or bi directional interface from their Electronic Medical Record (EMR) system to the WyIR through the Total Health Record (THR) Hub. An account will be created with HL7 Upload and No Login permissions. ***NOTE: Please provide email for IT Contact overseeing HL7 process.***				
First Name	**Last Name**	**Credentials**	**Unique User Email accessed only by user**	**Type of Access (select)**
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