



"HIPPA" & "FERPA" Questions & Answers For Schools & Day Cares

Question: Can health care providers, daycare operators, Head Start, and school officials share immunization information with another provider or a school to update missing immunization history or bring children into compliance with daycare, Head Start and school requirements?

Answer: Health care providers (or other covered entities) may share immunization information with other health care providers as needed to make treatment decisions, such as to give further immunizations. Providers may also disclose immunization information to schools/daycares, without authorization, if permitted or required by State law. These State laws would not be preempted by the Privacy rule. (45CFR 160.203).

Disclosure of immunization information, by schools, is covered by the Family Educational Rights and Privacy Act (FERPA). (45 CFR 164.501).

In order to assure compliance with both "HIPPA" and "FERPA" requirements, the Immunization Program recommends that consent forms be signed by parents or guardians and kept in each child's file, at schools/daycares. This would expedite the sharing of records, allow the input of records into the State Registry, and minimize any exclusion times for the child, while locating records.

Samples:

Immunization information on (child's name) will be shared with the local public health departments and entered into an electronic data system, the Montana Public Health Data System (PHDS). The intent of an electronic immunization registry is to provide a complete and permanent immunization record for your child.

Parent/Guardian Signature

Date

I give permission for (Name) County Health Department to enter my child's vaccine information into the statewide immunization database, the Montana Public Health Data System (PHDS). This information will be shared with health care providers to help prevent both over and under-immunization and to develop one consolidated vaccine record for the child.

Signature of Parent/Guardian

Child's Name

Date

** Note, if the parent declines, be sure and have them sign a declination statement.

I do not wish for my child's immunization information to be put into the state registry.

Signature of Parent/Guardian

Child's Name

Date