I. PURPOSE

To ensure that proof of immunization is provided to a school when the relevant State law requires the school to have such information prior to admitting the student, in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

II. POLICY

Downstate workforce members will obtain agreement from the parent, guardian or other person acting in loco parentis for the patient or from the patient him/herself if the patient is an adult or emancipated minor before disclosing proof of immunization to a school when State law requires that information before admitting the student.

A. A valid, HIPAA authorization is not required for such purposes. Agreement may be obtained in writing, in any format, or via oral permission. Signature of the parent is not required.
DISCLOSURE OF STUDENT IMMUNIZATION RECORDS

B. If the permission is obtained via oral agreement, the workforce member disclosing the proof of immunization must document who the oral agreement was obtained from and the date/time of the agreement in the patient’s paper or electronic medical record.

C. If the permission is obtained via an email or other written request, a copy of such request should be appended to the patient’s paper or electronic medical record.

III. DEFINITIONS

None

IV. RESPONSIBILITIES

It is the responsibility of all medical staff members and hospital staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Hospital staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the hospital.

V. PROCEDURE/GUIDELINES

The procedure section is the responsibility of the relevant operational area and should be customized accordingly.

VI. ATTACHMENTS

None

VII. REFERENCES

Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.512(b)

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