**UPDATE: May 7, 2016**

**U.S. Department of Health and Human Services**

Question: **Does the HIPAA Privacy Rule allow a health care provider to disclose protected health information (PHI) about a student to a school nurse or physician?**

Answer: Yes. The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student’s parent. For example, a student’s primary care physician may discuss the student’s medication and other health care needs with a school nurse who will administer the student’s medication and provide care to the student while the student is at school. In addition, a covered health care provider may disclose proof of a student's immunizations directly to a school nurse or other person designated by the school to receive immunization records if the school is required by State or other law to have such proof prior to admitting the student, and a parent, guardian, or other person acting in loco parentis has agreed to the disclosure. See 45 CFR 164.512(b)(1)(vi).

<http://www.hhs.gov/hipaa/for-professionals/faq/517/does-hipaa-allow-a-health-care-provider-to-disclose-information-to-a-school-nurse/index.html>

Question: Is a health care provider permitted to disclose proof of a child’s immunizations directly to a school without a HIPAA authorization?

Answer: Yes, provided the school is required by law to have proof of immunizations in order to admit the child, and a parent, guardian, or other person acting *in loco parentis* has agreed to the disclosure.  See 45 CFR 164.512(b)(1)(vi).  Where the individual who is a student or prospective student is an adult or emancipated minor, the provider may make the disclosure with the agreement of the student herself.  In either case, the agreement may be obtained orally or in writing, but must be documented (e.g., by placing in the medical record a copy of a written request, or notation of an oral request, from a parent for the provider to disclose the proof of immunization to the school).

<http://www.hhs.gov/hipaa/for-professionals/faq/1507/is-a-health-care-provider-permitted-to-disclose-proof-of-a-childs-immunizations/index.html>

March 2013 update to HIPAA re: immunizations & schools summary

<http://www.nasn.org/Portals/0/digest/20130822_5616_Federal_Register_Immunization_Disclosure.pdf>

March 2013 Federal Register details (see Page 5617\*)

<http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>

\*Final Rule (excerpt)

The final rule adopts the proposal to amend § 164.512(b)(1) by adding a new paragraph that permits a covered entity to disclose proof of immunization to a school where State or other law requires the school to have such information prior to admitting the student. While written authorization will no longer be required to permit this disclosure, covered entities will still be required to obtain agreement, which may be oral, from a parent, guardian or other person acting *in loco parentis* for the individual, or from the individual himself or herself, if the individual is an adult or emancipated minor. We believe that the option to provide oral agreement for the disclosure of student immunization records will relieve burden on parents, schools, and covered entities, and greatly facilitate the role that schools play in public health, while still giving parents the opportunity to consider whether to agree to the disclosure of this information.

The final rule additionally requires that covered entities document the agreement obtained under this provision. The final rule does not prescribe the nature of the documentation and does not require signature by the parent, allowing covered entities the flexibility to determine what is appropriate for their purposes. The documentation must only make clear that agreement was obtained as permitted under this provision. For example, if a parent or guardian submits a written or email request to a covered entity to disclose his or her child’s immunization records to the child’s school, a copy of the request would suffice as documentation of the agreement. Likewise, if a parent or guardian calls the covered entity and requests over the phone that his or her child’s immunization records be disclosed to the child’s school, a notation in the child’s medical record or elsewhere of the phone call would suffice as documentation of the agreement. We emphasize that the agreement is not equivalent to a HIPAA compliant authorization, and covered entities are not required to document a signature as part of this requirement. We disagree with comments that documentation would be as burdensome on covered entities as written authorization, since an authorization form contains many required statements and elements, including a signature by

the appropriate individual, which are not required for the agreement and documentation contemplated here. Furthermore, we believe that documentation of oral agreements will help to prevent miscommunications and potential future objections by parents or individuals, and the concerns that covered entities may have regarding liability, penalty or other enforcement actions for disclosures made pursuant to an oral agreement.