

<b>POLICY AND PROCEDURE</b>	
SUBJECT/TITLE:	Immunization Records Release Policy
APPLICABILITY:	Nursing Staff
CONTACT TITLE & DIVISION:	Director of Nursing, Nursing Division
ORIGINAL DATE ADOPTED:	11/12/2025
LATEST EFFECTIVE DATE:	11/12/2025
REVIEW FREQUENCY:	Every 5 years
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	200-030-P

### **A. PURPOSE**

The Canton City Public Health (CCPH) Immunization Records Release Policy is intended to provide guidance and methods for authorized employees of CCPH to release immunization records to individuals and/or their authorized personal representative (i.e. parent/legal guardian).

This policy is intended to be compliant with the [Health Insurance Portability and Accountability Act \(HIPAA\) Privacy Rule](#) and all parts of the CCPH [HIPAA Privacy and Security Policies](#) (800-016-P). In the event of a conflict between this policy and HIPAA guidelines, HIPAA guidelines will supersede this policy.

### **B. POLICY**

CCPH serves Canton City and surrounding communities by helping to prevent the spread of vaccine preventable diseases. CCPH serves the community by encouraging individuals/parents/legal guardians to be better informed of their own vaccine status, and the vaccine status(es) of their dependent(s). CCPH does so by providing a method for individuals/parents/legal guardians to obtain immunization records. In compliance with the HIPAA Privacy Rule, CCPH will also transmit an electronic copy of immunization records to a third-party upon specific request.

Per the HIPAA Privacy Rule, CCPH has the right to make internal policies and procedures for the processing of records requests. This policy provides guidelines for internal processes to complete these records requests. CCPH will not release immunization records verbally (by phone) unless the requester is an active CCPH patient and identity has been confirmed through secure protocols.

### **C. BACKGROUND**

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other individually identifiable health information (collectively defined as "protected health information") and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of protected health information and sets limits and conditions on the uses and disclosures that may be made of such information without an individual's authorization. The rule also gives individuals rights over their protected health information, including rights to examine and obtain a copy of their health records, to direct a covered entity to transmit to a third party an electronic copy of their protected health information in an electronic health record, and to request corrections.

As part of a HIPAA Compliant medical records request response, covered entities must respond to requests for access to PHI in a timely manner. Generally, under the HIPAA medical records release rule, covered entities must notify individuals of the covered entity's decision on access, within 30 days of the covered entity's receipt of the request.

The covered entity may require individuals to make requests for records in writing, provided that it informs individuals of such a requirement. In addition, a covered entity may require individuals to use the entity's own supplied form, provided the use of the form does not create a barrier to or unreasonably delay the individual from obtaining access to his or her PHI.

In addition, as part of a HIPAA Compliant medical records request response, the Privacy Rule requires a covered entity to take reasonable steps to verify the identity of an individual making a request for access. The type and manner of the verification is left to the covered entity's professional judgment. Verification may be done orally or in writing and, in many cases, the type of verification may depend on how the individual is requesting and/or receiving access – whether in person, by phone (if permitted by the covered entity), by faxing or emailing the request on the covered entity's supplied form, by secure web portal, or by other means.

A provider cannot deny the patient a copy of their records because they have not paid for the services they have received. However, a provider may charge for the reasonable costs for copying and mailing the records. The provider cannot charge the patient a fee for searching for or retrieving patient records.

#### **D. GLOSSARY OF TERMS**

**Business Day-** Typically means Monday through Friday. Excludes weekends and holidays as specified in the CCPH Health Code. Also excludes scheduled department or division closures.

**Business Wednesday-** A Wednesday that the nursing division office is scheduled to be open. Term used interchangeably with Wednesday.

**Covered Entity-** Covered entities that fall under HIPAA compliance rules include three main categories: Healthcare Providers, Health Plans, and Healthcare Clearinghouses. Healthcare providers include hospitals, clinics, doctors, psychologists, dentists, chiropractors, nursing homes, pharmacies, home health agencies, and other providers of healthcare that transmit health information electronically.

**Hard Copy-** A printed version of information on physical paper

**HDIS-** Health District Information System. Used by CCPH prior to 2017 to document immunization records.

**Immunization-** Process of being made resistant to an infectious disease, usually by means of a vaccine. It implies that a vaccine will trigger an immune response. Term often used interchangeably with *vaccine or vaccination*.

**Immunization Records-** List of immunizations the individual has received in the past. Also known as vaccine records or shot records.

**Immunization Record Release-** CCPH specific authorization forms for releasing immunization records to individuals or their authorized personal representative (i.e. parent/legal guardian).

**Impact Statewide Immunization Information System (ImpactSIIS)-** The Ohio Department of Health maintains the Ohio Impact Statewide Immunization Information System (SIIS), an online tool that allows providers to record immunizations/vaccinations administered in the state of Ohio. These records are protected by medical confidentiality laws. This was initially started in 2002, and the current ImpactSIIS system was started in 2017. Many providers did not enter/upload vaccine records into ImpactSIIS before 2019. This system often does not contain all vaccines records. ImpactSIIS may contain historical data for vaccines administered prior to the creation of ImpactSIIS; these would have been entered as historical vaccines by a provider with access to ImpactSIIS.

**Insync by Qualifacts (InSync)** - CCPH's Electronic Health Record (EHR)/Electronic Medical Record (EMR)

**Legal Guardian-** a person legally appointed by a court to make decisions on behalf of another individual, typically a minor or adult deemed unable to manage their own affairs.

**Next Business Wednesday-** The next Wednesday that the nursing division office is scheduled to be open. Also referred to as upcoming business Wednesday, or upcoming Wednesday.

**Parent-** Parent means biological parent. If the parents are separated or divorced, "parent" means the parent with legal custody of the child. "Parent" also includes adoptive parent after the adoption has been finalized with the court. At age eighteen, the patient/individual must act on his or her own behalf, unless he/she has a court-appointed guardian. Custody of biological children is assumed, unless otherwise reported to CCPH or dictated by court order. This does not include stepparents.

**Phone Nurse:** The Public Health Nurse (PHN) who is assigned to complete the duties of the phone nurse for a particular time period, typically for the entire day. These duties include releasing immunization records.

**Photo ID-** A state or federally issued ID that includes the individuals photograph, full name, and date of birth. Examples: Drivers' License or Passport.

**Privacy Officer-** Individual who oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to CCPH's policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws and CCPH's information privacy practices. The Director of Nursing currently serves in this role.

**Protected Health Information (PHI)-** Individuals' medical records and other individually identifiable health information. This includes immunization records.

**Public Health Nurse (PHN)-** Registered Nurse (RN) at Canton City Public Health Nursing Division.

**Required by law-** A mandate contained in law that compels an entity to make a disclosure of protected health information and that disclosure is enforceable in a court of law. *Required by law* includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigative demand.

**Vaccination-** The physical act of administering a vaccine.

**Vaccine-** A suspension of live (usually attenuated) or inactivated microorganisms (e.g., bacteria or viruses), fractions of the agent, or genetic material that is administered to induce immunity and prevent infectious diseases and their sequelae. Term often used interchangeably with *Immunization*.

See CCPH [HIPAA Privacy and Security Policy](#) for a more extensive list of terms.

## **E. PROCEDURES & STANDARD OPERATING GUIDELINES**

All immunization records will be released in accordance with the [Health Insurance Portability and Accountability Act \(HIPAA\)](#) Privacy Rule and the CCPH [HIPAA Privacy and Security Policies](#) to protect patient confidentiality. Staff must ensure appropriate consent and verification before releasing any health information.

General Guidelines for Releasing Immunization Records (Also refer to the CCPH [HIPAA Privacy and Security Policies](#)):

- Parents/legal guardians may access immunization records for minors under the age of 18. For individuals aged 18 and older, a signed authorization from that individual or their legal guardian is required.
- CCPH personnel authorized to process Immunization Record Releases include the following staff as long as they have been trained and are compliant with the policy: Director of Nursing, Nursing Supervisor, Office Manager, Public Health Nurse, and other staff designated by the Director of Nursing.
- CR/OA are not approved to hand out immunization records to individuals, even after they have been prepared by authorized staff.
- CCPH staff should encourage individuals to go to where they were vaccinated to get their original records. This is the most accurate record.
- CCPH staff may provide [Tips for Locating Old Immunization Records](#) to individuals and general recommendations for where to obtain old immunization records.
- Individuals requesting immunization records must provide a photo ID including full name and date of birth. The full legal name and date of birth must match the immunization record. In cases of discrepancy, documented proof (e.g., name change documents) is required before records can be released. In the event of a name change, the individual must provide additional documentation (i.e. court documents, divorce decree, marriage license, etc.) to show the name change.
- Photographs of consent forms, photo IDs, court documents, or any additional documentation required related to the immunization records request will **not** be accepted due to inability to ensure that the photo was not altered from the original image.
- Individuals may present on a walk-in basis at the CCPH Nursing Division during normal business hours throughout the week to request immunization records. Record requests will be processed and available for pick on the next business Wednesday, from 8:00 AM to 3:30 PM, excluding 12:00 PM to 1:00 PM. See details below for more information.
- CCPH staff are NOT to release details of immunization history over the phone unless the individual is a patient of CCPH and their identity can be verified.
- When processing records requests, CCPH staff are not to look individual's information up in ImpactSIIS, InSync, or HDIS prior to receiving a completed and signed Immunization Record Release or Authorization to Disclose Health Information form.
- If the individual lives outside of Ohio, any staff member can guide them to [request records from the state of Ohio ImpactSIIS](#).
- If that patient was previously seen at CCPH and they currently live out of state, give their request to: the Office Manager, the Nursing Supervisor, or the Director of Nursing for processing.
- Immunization records that have been prepared by the phone nurse for release but were not picked up by the requester (or designee) on a Wednesday, shall be given to the phone nurse scheduled the next Wednesday and the requester shall be advised by the phone nurse or the CR/OA to pick up the immunization record on the next Wednesday.

#### Submitting Immunization Record Release Form

Individuals/Parents/Legal Guardians must submit a completed and signed CCPH Immunization Records Release form (preferred for this type of request) or the CCPH Authorization to Disclose Health Information form and a current photo ID. If applicable, they must also have proof of name change and/or guardianship paperwork. They may be asked additional clarification questions by CCPH staff before records can be released. Incomplete requests will not be processed. CCPH will notify the requester within 10 business days if additional information is needed to fulfill the request.

Requests can be made:

- **In Person** on a walk-in basis throughout the week during normal business hours at the current CCPH Nursing Division location.
- **Via Mail**- Send requests to - 420 Market Avenue N, Canton OH 44702, Attention Nursing Division
  - Copies of all required documentation (valid photo ID, proof of guardianship/custody, proof of name change, etc.) must be included. Incomplete requests will not be processed. CCPH has 10 business days to notify the requester of an incomplete submission and inability to complete request.
- **Via Secure Fax:** (330)430-7857
  - Copies of all required documentation (valid photo ID, proof of guardianship/custody, proof of name change, etc.) must be included. Incomplete requests will not be processed. CCPH has 10 business days to notify the requester of an incomplete submission and inability to complete request.
- **Email is not an approved method for receiving or sending immunization records** due to HIPAA security concerns. Furthermore, photographs of consent forms will **not** be accepted due to inability to ensure that the photo was not altered from the original image.

### **Processing Different Types of Immunization Records Requests**

#### Clinical Receptionist/Office Assistant (CR/OA) Role:

CR/OA are the front-line staff who are the most likely to receive the initial notice of immunization records requests. The CR/OA shall direct individuals/parents/legal guardians on the process to submit records requests and the required documents. CR/OA will provide an Immunization Record Release form to the individual/parent/legal guardian to complete and sign. The CR/OA is also responsible for making copies of all submitted documents (i.e. proof of name change, guardianship paperwork, adoption paperwork, photo ID, etc.), with the exception of the Immunization Records Release form, and marking these copies as "Copy." Upon receiving the records request, the CR/OA should distribute requests and all associated documentation, as soon as they are received, to the Phone Nurse who is scheduled. Requests received after 3:31PM on a Wednesday through end of day Tuesday, requests shall be given to the phone nurse scheduled the upcoming business Wednesday. Questions or concerns about immunization records requests should be addressed with the Office Manager, Nursing Supervisor, and/or Director of Nursing.

#### **Walk-in Requests**

- Request for records received in person will be processed as follows:
  - Immunization records requests can be submitted any business day, but records will only be released on Wednesdays. Requests need to be completed, signed, and submitted by 3:30 PM on Wednesdays, in order to be processed that same day. The requestor could opt to have the records mailed (standard mail) or faxed to their desired destination. The delivery date of the mail cannot be guaranteed by CCPH staff. The requester may designate another individual to pick-up the records in person and must indicate so specifically on the Immunization Record Release form. All individuals picking up records in person must provide a valid photo ID and their identity will be verified before the records can be released.
  - If it is a Wednesday (up until 3:30PM or one hour before the end of the business day, whichever comes first), the CR/OA will notify the phone nurse that the individual is present and is requesting immunization records. The phone nurse is expected to process the request in a reasonable amount of time, (not exceeding 45 minutes from the time the phone nurse receives the request) with the understanding that other duties (i.e. working in clinics, assisting another community member who presented for assistance first) may take precedence to records requests.



The CR/OA should notify the individual that the process may take 45 minutes or more, and the individual may either wait or return before 3:30PM that day to obtain the records. If the phone nurse is unable to meet this deadline, they will contact the Director of Nursing, Nursing Supervisor, or Office Manager for additional guidance or support and notify the CR/OA so the individual may be updated on the delay. If other PHN's are available, they may also volunteer to process the request for the phone nurse. The supervisor on duty may also delegate the records request processing to another PHN.

### Mail Requests

- Request for records received via mail will be given to the Director of Nursing (or designee). The Director of Nursing (or designee) may process the request or delegate to another staff member to process it.

### Faxed Requests

- Request for records received via fax will be given to the Director of Nursing (or designee). The Director of Nursing (or designee) may process the request or delegate to another staff member to process it.

### Email Requests

- This is **not an approved method for submission**, due to HIPAA security concerns.

### CCPH staff processing the Immunization Record Release request will:

- Ensure the release form is filled out accurately and completely.
- Verify the individual/parent/legal guardian ID:
  - Verify that the signature on the Records Release/Authorization to Disclose Health Information matches the photo ID and a record of their signature in InSync, if available.
- Verify the individual/parent/legal guardian ID:
  - Patient name and date of birth must match on all of the following: photo ID, Immunization Record Release Form/Authorization to Disclose Health Information, Legal Guardianship Paperwork (if applicable), and immunization record(s) from all that apply: InSync, ImpactSIIS, and/or HDIS.
  - Photo ID alone is not enough to verify identification.
    - In addition to correct name and date of birth, the details on the Immunization Records Release/Authorization to Disclose Health Information must also match at least one of the following: address, phone number, guardianship information, or signature on file. Additional verification options may include asking the person requesting information: the last four digits of the patient's social security number, location of previous vaccinations, etc.
  - An individual can only receive an immunization record for themselves or for someone who they have legal custody over.
    - Parent/legal guardian name (with exact spelling) must match the following: Photo ID, Immunization Record Release form/Authorization to Disclose Health Information, Guardianship paperwork (if applicable), and details included as part of the immunization record(s) from the InSync, ImpactSIIS, and/or HDIS.
    - If the patient has a legal guardian other than a birth parent, a valid hard copy of legal guardianship paperwork must be provided and included with the records request.
  - Name changes

- If the individual had a name change, a valid hard copy of proof of name change must be provided (i.e. marriage license, divorce paperwork).
  - Note: If the person has an alias listed in InSync or ImpactSIIS, this means their name change has been previously documented and verified. A copy of the name change documents is not needed in this instance.
    - If their name has changed, update last name in ImpactSIIS to the current name and list the former name as an alias.
- Look up individual in:
  - InSync
    - Check in Document Manager for history of signature (see ID verification above).
    - Do not provide immunization records from other providers that are in the InSync Document Manager. These records do not belong to CCPH. The patient will need to go to that provider to obtain those records.
    - Print the immunization record from the immunization module, if available.
    - Document in patient record (in patient ribbon on InSync) that records request was obtained and status of records release.
  - ImpactSIIS
    - Check demographics to verify ID
    - Print Record: Reports > Patient Record > All Recorded Vaccinations (Option 2)
  - HDIS
    - Note: Some vaccines may show up in ImpactSIIS that were previously entered into HDIS, but not all. Individuals may have a profile in InSync but no record attached, only demographics.
    - How to Access Immunization Records in HDIS
      - Log in
      - Community and Public Health Services
      - Immunizations
      - Immunizations
      - Find (tab): Search by Last, First name or DOB.
      - Select the correct person
      - Immunization (tab): Ensure it is the correct person
      - Print/Verify\* (at bottom)
      - Print Imms
- Document in the gray “Office Use Only” box on the Immunization Records Release Form
  - Check boxes that apply.
  - Document what documentation was provided to the requestor (ImpactSIIS, InSync, or HDIS record), the method in which the records were released (in person, mail, fax, etc.), and what means was used for ID verification.
  - Write in any additional information.
  - If no record available- write “No Record Available” and follow filing steps below.
- Do NOT release records if unable to verify ID of the individual/parent/legal guardian. Explain to individual why we are unable to verify ID and explain what is needed in order to do so.
- Keep a copy of all records provided to the individual (immunization records) and all documents provided by the individual (photo ID, Immunization Record Release form, guardianship paperwork, adoption

paperwork, marriage/divorce paperwork, etc.). All documents, except the record release form, should be marked as “COPY” by the CR/OA. Provide Immunization Records to individual (as long as all criteria above has been met).

- Ask the individual if they have any questions about the vaccine record or if they need additional guidance related to what vaccines are indicated.
  - Provide general education, verbal and or written, to the individual/parent/legal guardian about what vaccines may be indicated. Refer them to their physician for specific recommendations as every individual’s situation is unique.
- Retain records (also see documentation retention below).
  - If individual is in InSync
    - Give all paperwork to CR/OA to be scanned into the InSync Document Manager.
    - After scanning, these will be given to the Director of Nursing (or designee) for review.
  - If individual is NOT in InSync
    - Submit all documents to the Director of Nursing (or designee).

### **Documentation Retention**

All copies of released records and supporting documentation shall be retained in accordance with the department’s medical records retention policy. Copies of records requests and releases, if not able to be uploaded into InSync, will be stored in the Director of Nursing’s office, along with other health related records requests.

### **Requests from Third Parties**

Per HIPAA, individuals/parents/legal guardians have the right to request that their information be sent to a third-party provider. Requests for third-party immunization record request will be completed by the Director of Nursing (or designee).

### **Requests from Attorneys, Courts, Deceased Individuals**

Requests from attorneys, courts, or for deceased individuals must be reviewed by the Health Department’s Privacy Officer prior to release.

If a CCPH staff member is unsure or needs clarification on releasing an individual’s records, they should reach out to the CCPH Director of Nursing, Nursing Supervisor, or Office Manager.

## **F. CITATIONS & REFERENCES**

[Compliance Group](#)

[U.S. Department of Health and Human Services-](#)

[The HIPAA Journal](#)

[Health Insurance Portability and Accountability Act \(HIPAA\)](#)

[HIPAA Privacy and Security Policies](#)

## **G. CONTRIBUTORS**

The following staff contributed to the authorship of this document:

1. Sarah Thomas, Nursing Supervisor/Staff Nurse III
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3. Diane Thompson, Director of Nursing, Privacy Officer



## H. APPENDICIES & ATTACHMENTS

N/A

## I. REFERENCE FORMS

200-030-01- F Immunization Record Release (English)

200-030-02- F Immunization Record Release (Spanish)

200-030-03- F Authorization to Disclose Health Information (English)

200-030-04- F Authorization to Disclose Health Information (Spanish)

## J. REVISION & REVIEW HISTORY

Revision Date	Review Date	Author	Notes

## K. APPROVAL

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.