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DEPARTMENT OF EDUCATION

MEMORANDUM No. 2014-044

TO: District Superintendents
               School Principals

FROM: Bruce Hayes, Ed. S., School Safety Consultant
               Support Systems and Resources Division

DATE: April 7, 2014

SUBJECT: Streamlining HIPAA Requirements

PREPARATION FOR FALL ENROLLMENT AND IMMUNIZATION ACCESS

Department of Health Calls for School Nurse WyIR Access Agreement

CHEYENNE - Pursuant to Memorandum WB-2014-075 and the assessment of the Wyoming HIPAA compliance officer, the Wyoming Department of Health is calling for the use of a School Nurse WyIR Access Agreement.

This agreement must be signed by parents before school nurses can access the immunization registry.

For those districts whose nurses will still continue to use the registry, the most streamlined way to handle the HIPAA requirement is to include the attached access agreement in each school's registration packet for the fall of 2014. Another available option is to incorporate the attachment's contents into existing district registration forms.

This approach both complies with the HIPAA requirement and adds no administrative workload to school nurses. The existing infrastructure handles the load.

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If you have any questions, please contact Bruce Hayes, School Safety Consultant, at (307) 777-6198 or bruce.hayes@wyo.gov.

Attachment

BH:rs

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School Nurse WyIR Access Agreement

To ensure the Wyoming Department of Health is aligning with the Health Insurance Portability and Accountability Act (HIPAA) Omnibus Rule, Wyoming School Nurses must obtain parent/guardian agreement before accessing a student's immunization record within the Wyoming Immunization Registry (WyIR). No student record shall be accessed in the WyIR by a School Nurse without parent/guardian agreement.

I, _____, am the parent/guardian of
                    (Parent/guardian name)

_____ and agree that the School Nurse representing
        (Student's name)

_____ can access this student's immunization record
        (Name of school)

in the Wyoming Immunization Registry.

_____   _____
Parent/Guardian Signature   Date