

POLICY: Immunization – Provision of Immunization
Record upon Request

Program Area: Public Health-Healthy Living

Section: General

Reference Number: CLI.6210.PL.005

Approved by: Regional Lead – Community & Continuing Care

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PURPOSE:

To provide direction for all Public Health-Healthy Living employees for the provision of immunization records/status upon request in compliance with PHIA and regional policies.

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients
Executive Limitation (EL-1) Treatment of Staff
Executive Limitation (EL-7) Asset Protection and Risk Management

POLICY:

Immunization record in print form, or immunization status via verbal report, is provided upon request only to the client 16 years of age or older or the parent/legal guardian of a minor under the age of 16 years of age or if disclosure without consent is permitted by PHIA.

DEFINITIONS:

Immunization Record: May be in the form of a printed copy from the Public Health Information Management System (PHIMS), eChart or client file.

IMPORTANT POINTS TO CONSIDER:

A minor’s entitlement to make health care decisions will be based upon capacity to understand information that is relevant to making a decision about the assessment and/or treatment and an appreciation of the risks and benefits of that assessment and/or treatment, rather than age. Age alone is not a determinative indicator of the capacity of a minor to provide consent.

In Manitoba, a youth of age 16 or older is generally considered to be a mature minor unless there is evidence to the contrary, whereas a youth under 16 years of age is NOT considered to be a mature minor, unless there is evidence to the contrary. This reflects the fact that minors are not identical in their maturation levels. The emphasis is placed on the “evidence to the contrary.”

Confidentiality of mature minor personal health information must be observed. Parents do not have an automatic right to receive information about mature minors, who are entitled to the same rights of confidentiality as adults. Disclosure to parent/legal guardians is only permitted if it is authorized by the mature minor, or if disclosure without consent is permitted by Personal Health Information Act (PHIA).

PROCEDURE:

1. Confirm requester is the client by using two client identifiers or is the parent/legal guardian of the client for whom they are requesting records (as per regional policy [ORG.1410.PL.301](#) Client Identification).
2. When the request comes from a client who resides out of province, the [Request to Access Personal Information Form](#) will be completed by the person making the request.
3. When the request comes from Child & Family Services (CFS) for a child in care, the CFS Social Worker will submit the CFS Request for Information Form.
4. When the request comes via fax or mail from out of region or out of province health care providers, the request will clearly identify the facility's information i.e. clinic or regional letterhead, noting client consent for disclosure of personal health information.
5. There are various mechanisms to access immunization status:
 - When using PHIMS, print and document in "comments" the action completed, example: *"Immunization Record printed/mailed/faxed/shared verbally as per request of John Doe – Nov 16, 2016"* or *"Immunization Record printed/mailed/faxed to name of healthcare facility as per signed consent by John Doe – Nov 16, 2016."*
 - When using eChart, print the record and document on a form or record in client file. Example: *"Immunization record printed from eChart and mailed to client as per request of John Doe – Nov 16, 2016."*
6. Options for sharing printed immunization record are:
 - Mailed via Canada Post in an envelope stamped "confidential" to the client address listed on Manitoba Health Services Card.
 - Faxed to a secure fax line with a cover sheet marked "confidential."
 - Given directly to the client or to the parent/legal guardian if the parent/legal guardian is authorized to access the personal health information on behalf of the client.
7. Personal health information will **not** be emailed to email addresses outside of the RHA network.

REFERENCES:

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| ORG.1411.PL.101.FORM.01 | Request to Access Personal Health Information Form |
| ORG.1410.PL.301 | Client Identification |
| ORG.1411.PL.502 | Use and Disclosure of Personal Health Information |
| ORG.1411.PL.502.FORM.05 | Record of Access Disclosure Release of Personal Health Information (Community) |
| CLI.4110.PL.001.FORM.02 | Minors Rights to Demonstrate Capacity for Health Care Decision Making |
- Public Health Information Management System (PHIMS) Support Tools