## MINNESOTA

### Birth Defects Surveillance System

<table>
<thead>
<tr>
<th>State</th>
<th>Statute/Rule</th>
<th>Language Specific to Surveillance System</th>
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<th>Research Authority</th>
<th>Consent Required?</th>
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<tr>
<td>MN</td>
<td>STATUTE: M.S. 144.2216</td>
<td>144.2216 BIRTH DEFECTS RECORDS AND REPORTS REQUIRED. Subdivision 1. Hospitals and similar institutions. With the informed consent of a parent or guardian, as provided in subdivision 4, a hospital, medical clinic, medical laboratory, or other institution for the hospitalization, clinical or laboratory diagnosis, or care of human beings shall provide the commissioner of health with access to information on each birth defect case in the manner and at the times that the commissioner designates. Subd. 2. Other information repositories. With the informed consent of a parent or guardian, as provided in subdivision 4, other repositories of information on the diagnosis or care of infants may provide the commissioner with access to information on each case of birth defects in the manner and at the times that the commissioner designates. Subd. 4. Opt out. A parent or legal guardian must be informed by the commissioner at the time of the initial data collection that they may request removal at any time of personal identifying information concerning a child from the birth defects information system using a written form prescribed by the commissioner. The commissioner shall advise parents or legal guardians of infants: (1) that the information on birth defects may be retained by the Department of Health; (2) the benefit of retaining birth defects records; (3) that they may elect to have the birth defects information collected once, within one year of birth, but to require that all personally identifying information be destroyed immediately upon the commissioner receiving the information. If the parents of an infant object in writing to the maintaining of birth defects information, the objection shall be recorded on a form that is signed by a parent or legal guardian and submitted to the commissioner of health; and (4) that if the parent or legal guardian chooses to opt-out, the commissioner will not be able to inform the parent or legal guardian of a child of information related to the prevention, treatment, or cause of a particular birth defect. [emphasis added]</td>
<td>144.2216 Subd. 3. Reporting without liability. Furnishing information in good faith in compliance with this section does not subject the person, hospital, medical clinic, medical laboratory, data repository, or other institution furnishing the information to any action for damages or relief.</td>
<td>144.053 RESEARCH STUDIES CONFIDENTIAL. Subdivision 1. Status of data collected by commissioner. All information, records of interviews, written reports, statements, notes, memoranda, or other data procured by the state commissioner of health, in connection with studies conducted by the state commissioner of health, or carried on by the said commissioner jointly with other persons, agencies or organizations, or procured by such other persons, agencies or organizations, for the purpose of reducing the morbidity or mortality from any cause or condition of health shall be confidential and shall be used solely for the purposes of medical or scientific research.</td>
<td>NO</td>
<td>NO</td>
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*Updated August 2012. All state statutes and department rules originally accessed online July/Aug 2008. Statute/Rule data not inclusive. For comprehensive or updated language, access complete statute and rules online, at local library or through the state legislature.*

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Cancer Surveillance System

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<td>MN</td>
<td>STATUTE: M.S. 144.671-144.69</td>
<td>144.671 CANCER SURVEILLANCE SYSTEM; PURPOSE. The commissioner of health shall establish a statewide population-based cancer surveillance system. The purpose of this system is to: (1) monitor incidence trends of cancer to detect potential public health problems, predict risks, and assist in investigating cancer clusters; (2) more accurately target intervention resources for communities and patients and their families; (3) inform health professionals and citizens about risks, early detection, and treatment of cancers known to be elevated in their communities; and (4) promote high quality research to provide better information for cancer control and to address public concerns and questions about cancer.</td>
<td>4606.3303 COMPREHENSIVE REPORTS OF CANCER. <strong>Subpart 1. Cancer registries.</strong> Cancer registries shall forward by first class mail, by messenger, or via electronic means, case reports to the commissioner within 15 working days of the date the patient's record in the cancer registry was completed. <strong>Subp. 2. Medical laboratories.</strong> Medical laboratories shall forward by first class mail, by messenger, or by electronic means, case reports to the commissioner for all cases of cancer within 15 working days of the date of diagnosis. <strong>Subp. 3. Hospitals and medical clinics.</strong> Hospitals and medical clinics shall forward by first class mail, by messenger, or via electronic data submission, case reports to the commissioner for all cases of cancer diagnosed in the institution within 15 working days of the date of diagnosis. <strong>Subp. 4. Physicians and dentists.</strong> A. Physicians and dentists who diagnose cancer in humans shall forward by first class mail, by messenger, or by electronic means, case reports to the commissioner within 15 working days of the date of diagnosis. B. A physician or dentist is exempted from item A if the physician or dentist (i) within a hospital, medical clinic, or medical laboratory required to report by this part, (ii) knows the case was admitted to a hospital required to report by this part, or (iii) has received, from a medical laboratory required to report by this part, a written report indicating the presence of cancer in the case.</td>
<td>144.672 DUTIES OF COMMISSIONER; RULES. <strong>Subdivision 1. Rule authority.</strong> The commissioner of health shall collect cancer incidence information, analyze the information, and conduct special studies designed to determine the potential public health significance of an increase in cancer incidence. The commissioner shall adopt rules to administer the system, collect information, and distribute data. The rules must include, but not be limited to, the following: (1) the type of data to be reported; (2) standards for reporting specific types of data; (3) payments allowed to hospitals, pathologists, and registry systems to defray their costs in providing information to the system; (4) criteria relating to contracts made with outside entities to conduct studies using data collected by the system. The criteria may include requirements for a written protocol outlining the purpose and public benefit of the study, the description, methods, and projected results of the study, peer review by other scientists, the methods and facilities to protect the privacy of the data, and the qualifications of the researcher proposing to undertake the study; and (5) specification of fees to be charged under section 13.03, subdivision 3, for all out-of-pocket expenses for data summaries or specific analyses of data requested by public and private agencies, organizations, and individuals, and which are not otherwise included in the commissioner's annual summary reports. Fees collected are appropriated to the commissioner to offset the cost of providing the data. <strong>Subd. 2. Biennial report required.</strong> The commissioner of health shall prepare and transmit to the governor and to members of the legislature under section 3.195, a biennial report on the incidence of cancer in Minnesota and a compilation of summaries and reports from special studies and investigations performed to determine the potential public health significance of an increase in cancer</td>
<td>NO</td>
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incidence, together with any findings and recommendations. The first report shall be delivered by February 1989, with subsequent reports due in February of each of the following odd-numbered years.

### 144.68 RECORDS AND REPORTS REQUIRED.

**Subdivision 1. Person practicing healing arts.** Every person licensed to practice the healing arts in any form, upon request of the commissioner of health, shall prepare and forward to the commissioner, in the manner and at such times as the commissioner designates, a detailed record of each case of cancer treated or seen by the person professionally.

**Subd. 2. Hospitals and similar institutions.** Every hospital, medical clinic, medical laboratory, or other institution for the hospitalization, clinical or laboratory diagnosis, or care of human beings, upon request of the commissioner of health, shall prepare and forward to the commissioner, in the manner and at the times designated by the commissioner, a detailed record of each case of cancer.

**Subd. 3. Reporting without liability.** The furnishing of the information required under subdivisions 1 and 2 shall not subject the person, hospital, medical clinic, medical laboratory, or other institution furnishing the information, to any action for damages or other relief.

### 4606.3302 DEFINITIONS

**Subp. 18. Tumor registry.** "Tumor registry" means a collection of cancer data on patients that is maintained as an identified repository of such data for, or within any hospital, medical clinic, or centralized institution.

**Subp. 5. Designating a reporting entity.** Alternatively, cancer registries, medical laboratories, hospitals, medical clinics, or any combination of these within or as part of an institution, may notify the commissioner of the identity of a reporting entity to report on behalf of the institution and as such shall meet the requirements of cancer reporting under subparts 1 to 4.

### 4606.3304 REPORTS.

**Subpart 1. Case information.** Reports of case information that are required in part 4606.3303 must consist of source documents and contain as much of the following information as is known:

- patient identifiers, including Social Security number, and demographics;
- provider and facility information;
- cancer diagnostic information;
- extent of disease and other prognostic factor information;
- first course of cancer-directed treatment;
- follow-up information; and
- other information as needed for system administration.

**Subp. 2. Abstracts.** Alternatively, reports of case information that are required in part 4606.3303 may consist of completed abstracts or electronic data submission and must contain the information required in subpart 1.

**Subp. 3. Occupational data.** Hospitals, medical clinics, and physicians shall, upon request of the commissioner, report as much information as is known concerning the occupational history of cancer cases. The commissioner shall by publication in the State Register request reports of such information when the following conditions exist:

- epidemiologic surveillance and studies based on this information will assist in identifying cancer risks in certain occupational groups; and
- there is a specific, planned mechanism for the surveillance and epidemiologic study of the cancer related to the occupational group.

Incidence, together with any findings and recommendations. The first report shall be delivered by February 1989, with subsequent reports due in February of each of the following odd-numbered years.

### 144.69 CLASSIFICATION OF DATA ON INDIVIDUALS.

… Except as provided by rule, and as part of an epidemiologic investigation, an officer or employee of the commissioner of health may interview patients named in any such report, or relatives of any such patient, only after the consent of the attending physician or surgeon is obtained.

### 4606.3306 PHYSICIAN CONSENT

**Subpart 1. Attempt to obtain consent.** When undertaking epidemiologic studies, the commissioner shall attempt to locate and obtain the consent of the attending physician as identified in the case report before approaching any case named in a report or a personal representative of a deceased case as defined in Minnesota Statutes, section 13.10, subdivision 1, paragraph (c).

**Subp. 2. Approach without consent.** The commissioner may approach a case named in a report or a personal representative of a deceased case as defined in Minnesota Statutes, section 13.10, subdivision 1, paragraph (c), without the consent of the attending physician as identified in the case report in order to conduct epidemiologic investigations if the attending physician is deceased, is no longer licensed in the state, is no longer practicing, or cannot otherwise be located, or is no longer caring for the case and is unable to identify the case’s current attending physician.

### 4606.3307 AUTHORIZED RESEARCH

**Subpart 1. Criteria.** The commissioner of health may enter into contracts to conduct research, using data collected pursuant to parts 4606.3300 to 4606.3309, with public and private research agencies or with individuals who satisfy all of the allowing criteria…

**Subp. 2. Release of information.** Under no circumstances will researchers be provided access to personal identifiers that would allow contact of a patient without attempting to obtain physician consent as described in part 4606.3306…
## Newborn Genetic Testing & Surveillance System

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<tr>
<td>MN</td>
<td>STATUTE: M.S. 144.125 – 144.128</td>
<td>144.125 TESTS OF INFANTS FOR HERITABLE AND CONGENITAL DISORDERS. Subdivision 1. Duty to perform testing. It is the duty of (1) the administrative officer or other person in charge of each institution caring for infants 28 days or less of age, (2) the person required in pursuance of the provisions of section 144.215, to register the birth of a child, or (3) the nurse midwife or midwife in attendance at the birth, to arrange to have administered to every infant or child in its care tests for heritable and congenital disorders according to subdivision 2 and rules prescribed by the state commissioner of health. Testing and the recording and reporting of test results shall be performed at the times and in the manner prescribed by the commissioner of health. The commissioner shall charge a fee so that the total of fees collected will approximate the costs of conducting the tests and implementing and maintaining a system to follow-up infants with heritable or congenital disorders…</td>
<td>144.125. Subd. 3. Information provided to parents. (a) The department shall make information and forms available to health care providers who provide prenatal care describing the newborn screening program and the provisions of this section to be used in a discussion with expectant parents and parents of newborns using electronic and other means. (b) Prior to collecting a sample, persons with a duty to perform testing under subdivision 1 must: (1) provide parents or legal guardians of infants with a document that provides the following information: (i) the benefits of newborn screening; (ii) that the blood sample will be used to test for heritable and congenital disorders, as determined under subdivision 2; (iii) the data that will be collected as part of the testing; (iv) the standard retention periods for blood samples and test results as provided in M.S. 144.125. Subd. 5. Newborn screening program operations…(b) No research, public health studies, or development of new newborn screening tests shall be conducted under this subdivision.</td>
<td>YES</td>
<td>YES</td>
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## Subd. 6. Standard retention period for samples and test results. The standard retention period for blood samples with a negative test result is up to 71 days from the date of receipt of the sample. The standard retention period for blood samples with a positive test result is up to 24 months from the last date of reporting…During the standard retention period, the Department of Health may use blood samples and test results for newborn screening program operations in accordance with subdivision 5. |

## Subd. 7. Parental options for extended storage and use. (a) The parent or legal guardian of an infant otherwise subject to testing under this section may authorize that the infant's blood sample and test results be retained and used by the Department of Health beyond the standard retention periods provided in subdivision 6 or the purposes described in subdivision 9. (b) The Department of Health must provide a consent form, with an attached Tennessen warning pursuant to section 13.04, subdivision 2. The consent form must provide the following: (1) information as to the personal identification and use of samples and test results for studies, including studies used to develop new tests; (2) information as to the personal identification and use of samples and test results for public health studies or research not related to newborn screening; (3) information that explains that the Department of Health will not store a blood sample or test result for longer than 18 years from an infant's birth date; (4) information that explains that, upon approval by the Department of Health's Institutional Review Board, blood samples and test results may be shared with external parties for public health studies or research; (5) information that explains that blood samples contain various components, including deoxyribonucleic acid (DNA); and (6) the benefits and risks associated with the department's storage | YES | YES |
(6) notify individuals who request destruction of samples and test results that the samples and test results have been destroyed and the date of destruction; and

(b) Nothing in section 144.125 to 144.128 shall exempt the commissioner from the requirement of the genetic privacy act in section 13.386 or from the penalties for violation of the genetic privacy act as provided in chapter 13.

4615.0750 PURPOSE AND SCOPE.
The purpose and scope of parts 4615.0750 to 4615.0760 is to describe the responsibilities of the Minnesota Department of Health to assure that persons diagnosed as having hemoglobinopathy, phenylketonuria, galactosemia, hypothyroidism, and/or congenital adrenal hyperplasia will:

(1) have access to approved laboratory treatment control tests when available;
(2) have necessary financial assistance for treatment of diagnosed cases when indicated; and
(3) be included in a registry of cases for the purpose of coordinating follow-up services.

4615.0755 DEFINITIONS. Subp. 8.
Registry.
"Registry" means a permanent record maintained by the department on each patient diagnosed by a physician and reported to the department as having hemoglobinopathy, phenylketonuria, galactosemia, hypothyroidism, and/or congenital adrenal hyperplasia.

Subd. 8. Extended storage and use of samples and test results. When authorized in writing by a parent or legal guardian under subdivision 7, the Department of Health may store blood samples and test results for a time period not to exceed 18 years from the infant's birth date, and may use the blood samples and test results in accordance with subdivision 9.

Subd. 9. Written informed consent for other use of samples and test results. With the written, informed consent of a parent or legal guardian, the Department of Health may:
(1) use blood samples and test results for studies related to newborn screening, including studies used to develop new tests; and
(2) use blood samples and test results for public health studies or research not related to newborn screening, and upon approval by the Department of Health's Institutional Review Board, share samples and test results with external parties for public health studies or research.

Subd. 10. Revoking consent for storage and use. A parent or legal guardian may revoke approval for extended storage or use of blood samples or test results at any time by providing a signed and dated form requesting destruction of the blood samples or test results. The Department of Health shall make necessary forms available on the department's Web site. Blood samples must be destroyed within one week of receipt of a request or within one week of the standard retention period for blood samples provided in subdivision 6, whichever is later. Test results must be destroyed within one month of receipt of a request or within one month of the standard retention period for test results provided in subdivision 6, whichever is later.

13.386 Subd. 3. Collection, storage, use, and dissemination of genetic information. Unless otherwise expressly provided by law, genetic information about an individual:
(1) may be collected by a government entity, as defined in section 13.02, subdivision 7a, or any other person only with the written informed consent of the individual;
### 4615.0760 Responsibilities of Department of Health

**Subp. 4. Registry of cases.** The department shall maintain a registry of all diagnosed cases of hemoglobinopathy, phenylketonuria, galactosemia, hypothyroidism, and congenital adrenal hyperplasia reported to the department. The registry shall be updated not more often than annually by direct contact with the patient to determine their address and their need for medical treatment services, educational materials, and counseling related to their metabolic disease. The registry shall include the following minimum data on each patient:

- **A.** name of patient;
- **B.** gender;
- **C.** date of birth;
- **D.** place of birth;
- **E.** parents' names;
- **F.** current address of patient;
- **G.** diagnosis;
- **H.** name and address of physician; and
- **I.** other data the commissioner deems necessary for follow-up services.

**to testing under this section may elect not to have newborn screening performed.**

(2) may be used only for purposes to which the individual has given written informed consent;

(3) may be stored only for a period of time to which the individual has given written informed consent; and

(4) may be disseminated only: (i) with the individual's written informed consent… Consent to disseminate genetic information under item (i) must be signed and dated.
Vaccination Surveillance System

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<tr>
<td>MN</td>
<td>NO STATUTE OR RULE FOUND</td>
<td>Notable History: The Minnesota Department of Health proposed 1997 legislation to establish a state immunization registry. After the legislature amended parent consent to the language, the proposal was deleted. No law allows the system. In 2001, MN Dept of Human Services published a Request for Proposals to establish the Minnesota Immunization Information Connection: “DHS…in partnership with … MDH is seeking proposals from vendors who are interested in identifying requirement, providing analysis, making recommendations and outlining a strategic plan for the acquisition or development of a statewide immunization registry information system. The system to be acquired or developed will be done through a separate RFP, a vendor award a contract under this RFP will be ineligible to submit proposals for any subsequent RFPs issued specifically about this project.” – Minnesota State Register, April 30, 2001.</td>
<td>“In Minnesota on the Parent Notice regarding checking the accuracy of the child’s official birth record there is a statement that information from the child’s birth record may be provided to the immunization registry. If participation is not wanted, a number at the Minnesota Department of Health is given to call. An individual may decide at any time to not participate in MIIC.. The record is locked and not deleted because that is the only way to fully ensure users do not subsequently enroll the individual.” – Parent and Adult Notification, MN Dept of Health, June 2006.</td>
<td>“All Minnesota birth certificates are entered into the MIIC registry.” – Carver County active in MIIC immunization registry, press release, July 25, 2008.</td>
<td>NO</td>
<td>NO – keep record</td>
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No law allows the system. The Minnesota Department of Health proposed a 1997 legislation to establish a state immunization registry. After the legislature amended parent consent to the language, the proposal was deleted. In 2001, the MN Dept of Human Services published a Request for Proposals to establish the Minnesota Immunization Information Connection: “DHS…in partnership with … MDH is seeking proposals from vendors who are interested in identifying requirement, providing analysis, making recommendations and outlining a strategic plan for the acquisition or development of a statewide immunization registry information system. The system to be acquired or developed will be done through a separate RFP, a vendor award a contract under this RFP will be ineligible to submit proposals for any subsequent RFPs issued specifically about this project.” – Minnesota State Register, April 30, 2001.

Regional Immunization Registry Funding Initiative:
A joint effort from 1999 to 2001 between the BCBSM foundation and the Minnesota Department of Health led to the development of a statewide network of seven regional immunization registries to track individual immunization records form across the state. This $318,000 public/private funding partnership played a major role in establishing a statewide system to help [sic] protect children from vaccine-preventable disease.” – Our Second Decade: Grantmaking Priorities Established. Blue Cross and Blue Shield Foundation of Minnesota, http://www.bcbsmnfoundation.org/pages-programs-program-Our-Second-Decade-Grantmaking-Priorities-Establised?oid=7524

Do I need to sign up for MIIC? To be part of MIIC in your area, you do not need to do anything. Chances are your clinic is already participating in MIIC. However, MIIC does not yet exist in every part of Minnesota. - Got Your Shots? Parent’s Guide to Immunization Records, MDH, http://www.health.state.mn.us/divs/idepc/immunize/registry/parentsguide.html

“Minnesota Immunization Information Connection… Departmental leadership has supported MIIC by reducing barriers to information exchange. Many Minnesotans receive healthcare in Wisconsin, but the Minnesota legal environment did not facilitate the exchange of immunization data between the states. In 2006, the Minnesota Commissioner of Health signed an executive order that allowed the department to exchange data with the Wisconsin Department of Health. This data now arrives on a weekly basis and supports a more complete registry.” – Minnesota: A Prescription for Better Health Care and Population Health, Minnesota e-Health, http://www.astho.org/pubs/ASTHO-Minnesota-2.pdf [emphasis added]

“…registry activity is not governed by HIPAA. Covered Entities may disclose protected health information to registries without having to provide the opportunity for individuals to agree or object. Registries in turn, because they are not governed by HIPAA, can re-disclose immunization information based on their state laws.” - Disclosure to Public Health Under the HIPAA Privacy Rule, MN Dept of Health, 6/06.

Can schools disclose immunization data to others? For years, schools freely shared immunization data with clinics and public health in order to ensure children were up to date with their shots. Recent increased attention on the federal Family Educational Rights and Privacy Act (FERPA) has highlighted how this long-standing practice is not allowable.

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Updated August 2012. All state statutes and department rules originally accessed online July/Aug 2008.
Statute/Rule data not inclusive. For comprehensive or updated language, access complete statute and rules online, at local library or through the state legislature.
To help prevent over-immunization and missed opportunities, providers are encouraged to enroll in the Minnesota Immunization Information Connection (MIIC) web-based application, which allows immunization providers to enter and view all immunizations given to their patients.  


“Minnesota Immunization Information Connection…For the past six years, the Minnesota Immunization Information Connection has been a central data repository for immunization histories and tool that provides patient-specific vaccination recommendations to healthcare providers.  MIIC is a point of linkage with other systems.  Staff is currently working with three large health systems in Minnesota to be able to exchange data from their electronic medical record systems via a real-time HL7 interface. MIIC also helps link state and local public health in Minnesota.” – Minnesota: A Prescription for Better Health Care and Population Health, Minnesota e-Health, http://www.astho.org/pubs/ASTHO-Minnesota-2.pdf

“The Minnesota Immunization Information Connection (MIIC) is a program among health care providers, parents, public health agencies, and schools aimed at preventing disease through immunization. MIIC uses a confidential, computerized information system, also known as an immunization registry, which contains a complete and accurate record of a person’s immunizations, no matter where they got those shots - Minnesota Immunization Information Connection (MIIC), MDH, http://www.health.state.mn.us/divs/idepc/immunize/registry/index.html

Opt out. An individual may decide at any time to not participate in MIIC. Anyone who initially decides to opt out may elect at a later time to participate. No one will be penalized for choosing to not participate in the immunization registry. For ease, an individual who chooses to opt out of MIIC may do so either verbally or in writing to the MIIC regional contact. An individual’s first, middle, and last name, date of birth, and county of residence are needed. It is also helpful to have a phone number, if in writing, in case there are any questions when verifying the individual record. The record is locked and not deleted because that is the only way to fully ensure users do not subsequently enroll the individual. After the opt out, there is no subsequent disclosure of the demographic and immunization information to any other authorized users querying for that record. – Parent and Adult Notification, MDH, 6/06, http://www.health.state.mn.us/divs/idepc/immunize/registry/notification.html

FERPA basically states that information on individual students cannot be released without parental consent. This is obviously a major obstacle to sharing immunization data as allowed by Minnesota Immunization Data Sharing Law (M.S. §144.3351). Unfortunately, federal law overrides a less restrictive state law.

Complying with FERPA
Complying with FERPA means schools cannot enter any immunization data in MIIC, the statewide immunization registry program, since that data would be available to other authorized users, such as health care providers and public health. So how can you use MIIC? At this point to:

• look up the immunization histories of students and pre-schoolers;
• assign students to a list that corresponds to their school building and grade. This will make it much easier to follow them from year to year. You can edit these lists at any time (for instance, to add or delete transfer students); and
• create a variety of reports, including complete student immunization histories and a report on students with immunizations due.

There is a way for you to use MIIC more fully, including entering student immunization data or submitting electronic batch data from your information system. That is to get parental consent, such as during enrollment open houses. Sample consent language is enclosed for your convenience, representing lengthy to fairly simple versions. [emphasis added]
| **144.3351 IMMUNIZATION DATA.** Providers as defined in section 144.291, subdivision 2, group purchasers as defined in section 62J.03, subdivision 6, elementary or secondary schools or child care facilities as defined in section 121A.15, subdivision 9, public or private postsecondary educational institutions as defined in section 135A.14, subdivision 1, paragraph (b), a board of health as defined in section 145A.02, subdivision 2, community action agencies as defined in section 256E.31, subdivision 1, and the commissioner of health may exchange immunization data with one another, without the patient's consent, if the person requesting access provides services on behalf of the patient. For purposes of this section immunization data includes:

(1) patient's name, address, date of birth, gender, parent or guardian's name; and

(2) date vaccine was received, vaccine type, lot number, and manufacturer of all immunizations received by the patient, and whether there is a contraindication or an adverse reaction indication. This section applies to all immunization data, regardless of when the immunization occurred. |