



Kansas WIC Program Authorization for Electronic Exchange of Information to the Kansas Immunization Registry

Please read this form carefully. Check the appropriate box and sign below.

Caregiver Name: _____

The Kansas WIC Program and Kansas Immunization Registry have an electronic link to help you be sure that your child’s immunization records are correct. If you agree to allow the electronic exchange of information between the Kansas WIC Program (KWIC) and Kansas Immunization Registry (KSWebIZ), WIC staff will be able to view your child’s immunization records from KSWebIZ and tell you if another shot is needed. WIC or other health department staff will create or update your child’s immunization records in KSWebIZ to make sure everything is up to date. Confidentiality will be kept as required by law.

Demographic information including name, birth date, address, telephone number and gender will be exchanged from KWIC to KSWebIZ for all the infants/children that you have enrolled in WIC.

Nothing in KSWebIZ will show that this information is from a WIC clinic. Other users of KSWebIZ will not be able to know anything about your children’s WIC participation.

If you agree to the information exchange as described above, the consent will be in effect unless you write a request to the WIC staff asking to stop the exchange of information.

Your WIC services will **not** be affected if you refuse to allow the information exchange.

Signing below means that you have read the above information about the electronic exchange of information. It also means that you have had the chance to ask questions and your questions were answered.

<input type="checkbox"/> I consent to the release of demographic information to KS WebIZ for all of my family members who are enrolled in the Kansas WIC Program.	<input type="checkbox"/> I refuse to allow the release of demographic information to KS WebIZ for my family members by the Kansas WIC Program.
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Signature of Caregiver: _____

Date: _____

Signature of Witness: _____

Date: _____