

Confidentiality

STATEMENT OF PURPOSE:

All school personnel should follow confidentiality practices required for student education and health records.

AUTHORIZATION/LEGAL REFERENCES:

18 V.S.A. Chapter 21 § 1124 -Access to Records

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=18&Chapter=021&Section=01124>

Vermont Department of Health Immunization Regulations; Retention, Transfer and Release of Records, section X.4

<http://healthvermont.gov/hc/imm/documents/VermontImmunizationRegulations.pdf>

Joint Guidance on the Application of the *Family Educational Rights and Privacy Act (FERPA)* and the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* To Student Health Records November 2008

<http://www.ed.gov/policy/gen/guid/fpco/doc/ferpa-hippa-guidance.pdf>

Federal Register; Department of Education 34 CFR part 99; Family Educational Rights and Privacy; final rule 12/9/2008

<http://www2.ed.gov/legislation/FedRegister/finrule/2008-4/120908a.pdf>

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

- Establish and maintain a separate health record for each student.
- Maintain records in a secure location of active students, or on a secure server for electronic records.
- Obtain written release of information form from parents/guardians regarding the sharing of information or obtaining information with professional resources outside of school for children under 18 years of age. Students who are 18 years of age are deemed independent and must grant consent for sharing of information.
- Establish nursing protocol for sharing of health information that falls under the "duty to warn" parameters with education staff and volunteers.
- Know your school district's definition of "legitimate educational interest" and follow procedures when sharing health information with educational staff.

Confidentiality

Section 7

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- Establish protocol for storing of sensitive records (i.e. psychiatric evaluations, child abuse reports, hospital reports).
- Establish protocols for phone and electronically transmitted health information.
- Establish protocols for disposition and storage of health records for currently enrolled students as well as disposition of in-active (un-enrolled) students. All school health records are part of the students education file and should be saved for 5 years with all the students' records.
- Each school shall maintain an immunization record for each student. If a student transfers from one school to another, the original school shall transfer the immunization record or a copy thereof. The original school shall keep a log indicating where and when the records were sent. Immunization records not forwarded shall remain with the child's academic record and or health record and shall not be destroyed under any circumstances
- Establish protocols for maintaining confidentiality as it relates to school health services for other personnel, clinic assistants, and other unlicensed volunteers.

Resources

Schwab, N.C., Gelfman, M.H., *Legal Issues in School Health Services*, Sunrise River Press, 2001

SAMPLE POLICIES, PROCEDURES, AND FORMS

- Statement of Confidentiality agreement Form
- Release of Information Form

Vermont Standards of Practice; School Health Services



This document may not be altered in any way

School Letterhead
SAMPLE

Statement of Confidentiality Agreement

As a school health assistant, volunteer or substitute I, _____

understand that all health and medical information, whether verbal or written, is confidential.

I will treat all health information with the greatest respect and will not discuss or repeat any information about a child's health, medical, or psychosocial status except as directed by the school nurse.

Health assistant/volunteer or substitute:

Name: _____

Signature: _____ Date: _____

School Nurse;

Name: _____

Signature: _____ Date: _____

School Letterhead
SAMPLE

Authorization For Release of Information

The undersign hereby authorizes the following school staff

to exchange information regarding (student name) _____ whose
date of birth is _____ with the following people, agencies, or health care
providers;

Records to be released/reason for disclosure:

This authorization expires

_____ at the end of the _____ school year

_____ at the termination of the student's enrollment at _____ school

Student's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

School Representative signature _____ Date _____