Students

Health/Medical Records

When applicable, District schools will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of protected health information that it receives, obtains, transmits or sends. The Board of Education designates the School Nursing Supervisor as its HIPAA Privacy Officer.

Student education records, including personally identifiable health information, maintained by the District is subject to and protected by the Family Educational Rights and Privacy Act (FERPA). Both the United States Department of Health and Human Services and the United States Department of Education Family Policy Compliance Office have stated that student records under FERPA are not subject to HIPAA. Therefore, District schools will comply with FERPA's confidentiality provisions rather than HIPAA's Privacy Rule.

The District will seek Medicaid eligibility information to determine if services to a student may be billed. Bills will be processed electronically for Medicaid reimbursement for qualified services to eligible special education students. The District will comply with HIPAA's electronic transactions requirements. Procedures and safeguards will be developed to protect the privacy of health information and prevent wrongful user and disclosure. In accordance with the Individuals with Disabilities Education Act (IDEA) regulations (34 C.F.R. § 300.154), prior to accessing a student's Medicaid or public insurance benefits for the first time, the District shall obtain a one-time written parental consent and provide written annual notification to parents informing them of their rights.

At a minimum, the policy and procedure for student records will comply with the Family Educational Rights and Privacy Act of 1974 (FERPA) with assurances that the District has obtained authorization from the parent or adult student prior to the release of protected health information for the purpose of Medicaid billing. Individuals involved in the Medicaid billing process for the District shall be trained on the privacy procedures. Discipline shall be imposed, up to and including discharge, for staff that wrongfully uses or discloses protected health information.

(cf. 3231 - Medical Reimbursement for Special Education Students)
(cf. 5125 - Student Records; Confidentiality)

Legal Reference: Connecticut General Statutes

~~1-19(b)(11)~~ 1-210(b)(11) Access to public records. Exempt records. *(Formerly 1-19(b)(11)*

10-15b Access of parent or guardians to student's records.

10-154a Professional communications between teacher or nurse & student.

10-209 Records not to be public

46b-56 (e) Access to Records of Minors.

Connecticut Public Records Administration Schedule ~~V~~ M7: Disposition of Education Records (Revised 1983).

Federal Family Educational Rights and Privacy Act of 1974 (section 438 of the General Education Provisions Act, as amended, added by section 513 of P.L. 93-568, codified at 20 U.S.C.1232g.).

Dept. of Educ. 34 C.F.R. Part 99 (May 9, 1980 45 FR 30802) regs. implementing FERPA enacted as part of 438 of General Educ. provisions act (20 U.S.C. 1232g) parent and student privacy and other rights with respect to educational records, as amended 11/21/96.

Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1400 et seq.; 34 C.F.R. § 300.154.

USA Patriot Act of 2001, PL 107-56, 115 Stat. 272, Sec 507, 18 U.S.C. §2332b(g)(5)(B) and 2331

42 U.S.C. 1320d-1320d-8, P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. Parts 160, 162, and 164.

65 Fed. Reg. 50312-50372

65 Fed. Reg. 92462-82829

63 Fed. Reg. 43242-43280

67 Fed. Reg. 53182-53273

Policy adopted: ~~**March 18, 2019**~~

WOODBRIDGE PUBLIC SCHOOLS

Woodbridge, Connecticut

~~**HIPAA-COMPLIANT AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**~~

AUTHORIZATION FOR DUAL RELEASE AND EXCHANGE OF HEALTH AND EDUCATION INFORMATION/RECORDS

Patient/Student Name: _____ Date of Birth: _____

I hereby authorize _____ [health care provider name/title, address and telephone] and _____ [name/title of school official] to ~~exchange health and education~~ release my/my child's health information/records for the purpose listed below to:

_____ [insert name of school official]

_____ [name, address, telephone of school/school district]

~~_____ [address and telephone of health care provider]~~

Description:

The health information to be disclosed consists of: _____

The education information to be disclosed consists of: _____

Purpose: This information will be used for the following purpose(s):_____

1. Educational evaluation and program planning
2. Health assessment and planning for health care services and treatment in school
3. Medical evaluation and treatment
4. Development and implementation of an Individualized Educational Program (IEP) or Section 504 Plan
5. Other:_____

Authorization

This authorization is valid for one calendar year. It will expire on _____ [date]. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent to both the health care provider and the school district. I understand that a revocation is not effective to the extent that the health care provider or school district has already taken action in reliance on this authorization.

I recognize that these records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99). I also understand that if I refuse to sign this form, such refusal will not interfere with my child's ability to obtain health care or conditioning of treatment, payment, enrollment, or eligibility for benefits.

_____ _____

Parent Signature Date

_____ _____

Student Signature* Date

*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Connecticut, a competent minor, depending on age and

circumstances, can consent to outpatient mental health care (C.G.S. § 19a-14c), alcohol and drug abuse treatment (C.G.S. § 19a-126h), testing and treatment for HIV/AIDS or sexually transmitted infections (C.G.S. § 19a-216), and reproductive health care services. In addition, pursuant to FERPA (34 CFR § 99.5), when a student reaches 18 years of age or attends a postsecondary institution, all rights under FERPA transfer from the parent to the student, and the adult student must sign this authorization.

Copies: Parent, guardian, or student*

Physician or other health care provider releasing the protected health information

School official requesting/receiving the protected health information

Developed collaboratively with CT State Department of Education & CT Chapter, American Academy of Pediatrics