

Coordinated School Health Confidentiality Agreement Form

Definition: Disclosing health information only to the people who are authorized with a specific need to know.

Purpose: To safeguard the privacy of students and staff regarding personal health information and to maintain a professional relationship in compliance while facilitating accurate screening assessment and safe intervention. To allow student, staff and parent to feel secure in sharing appropriate information and to observe statutes and rules governing confidentiality.

Steps and/or Points:

1. Screening/Nursing assessment and intervention shall be provided in such a way as to protect student privacy and confidentiality.
2. Health status feedback from nurse/screening personnel to school personnel who refer a student is essential and shall always occur. Share only information that is necessary and that impacts the student's educational experience, health care or safety.
3. Sharing student health information in staffing committees may require written permission for release of confidential information.
4. There are situations when confidentiality must not be maintained. If at any time, information has been shared with you that indicates a student or staff member is at imminent risk of harm or is a danger to himself or others, that information must be shared with those who need to intervene in order to protect the student or staff member (school administrators, parent, child protective agency, police, health care provider, etc.).
 - a. It is recommended that your discussion with students or staff include something like, "What you tell me, I will keep in confidence, unless I feel it is necessary to share it with someone to protect you or others."
 - b. In those situations where judgment determines it is necessary to reveal information regarding the student's health without a release from student/parent, it is prudent to share only those details that are essential to achieve resolution of the problem. It is also recommended that the information be shared with as few people as possible.
5. Records of student/nurse/volunteer communications regarding the personal affairs of the student or his/her family are confidential and may be shared only as the student or parent authorizes except in life-threatening situations. All information is confidential by virtue of nurse/client relationship and under student records law.
 - a. Only the school nurse, back-up, and the Coordinated School Health Specialist may have access to nursing records without written release by student/parent.
 - b. Screening records may be viewed by the involved and, with some exceptions, his parent.
 - (1) A student, particularly a student under age 18, can't limit the parent's access to nursing records in most cases. There are

some health-related items that are confidential from parents, but such items are the exception.

- (2) ****A parent does NOT have the right to inspect that part of the nurse's record that the state law requires to be kept confidential, even from parents. This pertains to sexually transmitted diseases, contraceptives and family planning issues.**
 - c. To respond to these parental requests,
 - (1) follow the direction of your legal counsel/district policy (consult the Superintendent of Schools).
 - (2) the student may view records immediately upon his/her request unless the nurse feels such viewing would be counterproductive to the student's health management.
6. Anytime nurse/health records are released to someone, the bottom part of the Release of Information form is to be completed and filed in the student's or staff's nursing file.
 7. School Health records may not be released to another agency/individual unless the parent has signed a "Release of Information" document or the nursing record is subpoenaed by court action.
 - a. ****The non-custodial parent has the right to inspect school health records but not to sign an authorization to release them.**
 8. When a record is subpoenaed:
 - a. The original of the records will be maintained by the school and a copy will be submitted to court.
 - b. The exception to this would be health records obtained from other clinics/physicians that are stamped, "Do not release for third party access." For these unreleased records, make note in the released copy that a medical report from a specific clinic exists in your nursing record. The receiving party may wish to obtain a release for this same source document.
 9. Information may be shared with protective services caseworkers without a subpoena when the caseworker is conducting an assessment or planning intervention/court hearing. ****Information to be shared will be summative in nature; a subpoena is necessary to release the nursing record.**
 10. Exercise caution in discussing confidential issues on the telephone. Efforts should be taken to establish the identity of the caller and his/her right to confidential information.
 11. Documents released by our department should be stamped, "Confidential; Not To Be Forwarded Without Parental Permission."
 12. When uncertain who has legal custody of a student, consult with the school administrator and when necessary, the student's Child Protective Service Case Manager.
 13. Use the FAX ONLY when there is not sufficient time for mailing records.
 - a. Confirm recipient's FAX number before pushing the "send" button.
 - b. Use a cover sheet to facilitate confidentiality and to give directions for destruction of misdirected information.
 - c. Always call the receiver when you suspect a FAX was sent to a wrong place, to confirm the information was destroyed.
 14. All records containing staff or student's names should be kept in a locked location where no one but the school nurse, back-up, or nursing supervisor has access.

15. All discarded health records containing staff or student names should be shredded before being discarded or placed in a locked shred-it box.
16. Never discuss health information about a student or staff member with anyone who is not authorized to know it. The only people authorized to know it are as follows:
 - a. School Nurse
 - b. Medical Records Clerk
 - c. Back-up
 - d. School Administrator
 - e. Staff listed on the Health History whom the parent authorized to know the health information
 - f. EMT personnel, if an ambulance has to be called
 - g. Physicians, as listed on the Health History, if the Health History is signed.
 - h. Persons/agencies authorized by the parent on the Release of Information
 - i. Coordinated School Health (CSH) personnel
 - j. Health screening workers/volunteers

****The above listed authorized people only need to be informed of the health information if, and when, it becomes "need-to-know" to them. This means if and when the particular information would affect that person or agency by impacting the student's or staff's educational experience, health care or safety.**

17. All school nurses, backups, CSH personnel, teachers, teaching assistants, and health screening workers/volunteers must sign a copy of this agreement.