Data Privacy and Sharing in Schools and How It Can Support a Healthy Learning Environment

Elliott Attisha, DO, FAAP
Chief Health Officer, Office of School Health & Wellness, Detroit Public Schools Community District

Kerri McGowan Lowrey, JD, MPH
Deputy Director, Network for Public Health Law – Eastern Region

Network Data Summit
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Hi! We're every social problem in America that you can name rolled into a herd of too many humans for one mere mortal to manage... let alone teach. Where do you want us to sit?
“Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.”

National Association of State Boards of Education
Healthy Students...

- Are more likely to attend school
- Are better able to focus and stay engaged
- Are more likely to be ready to learn
Reciprocal Causal Relationship

Health → Poverty → Education

Healthier Students are Better Learners – Charles Basch, PhD

Students Rise. We All Rise.
• The environment in which youth live is strongly associated with academic achievement, health, and with social mobility.
  • This association is mediated by factors such as family structure, parental involvement at school, and parental involvement in education at home.

• Disparities between poor and non-poor children are already apparent at school entry.

Healthier Students are Better Learners – Charles Basch, PhD

Students Rise. We All Rise.
On average, 3 children in a classroom of 30 are likely to have asthma.*

Children in Detroit are nearly 3 times more likely to die from asthma than a child across the rest of Michigan.
Biological risk factors are well established
• Genetic, allergens, tobacco smoke, pollution, respiratory infections, etc.

Research investigating role of psychosocial stressors continues to increase
• Stress, poverty, poor housing, inadequate environmental control, access to community resources, neighborhood safety, household dysfunction, etc.
Adverse Childhood Experiences (ACEs) and Asthma

• One ACE: Increases odds of developing asthma by 28%
• Odds increase with each additional ACE
• Four ACEs increases odds by what %? 73%!%

“Stress should be viewed as a risk factor for asthma development and asthma exacerbations, much like tobacco smoke and dust mites.”
Dr. Robyn Wing – lead investigator on ACEs and Childhood Asthma Study
Asthma and Achievement Gap

- Asthma can undermine a child’s mental-emotional and physical health
- Consistent association between asthma and anxiety/depression
- Children with asthma perform worse on test of concentration
- Virtually every study examining asthma and absenteeism found a positive association
13,900,000

The number of school days missed each year because of asthma!

Students Rise. We All Rise.
Students who are chronically absent from school are more likely to:

- fall behind academically
- display behavior and discipline problems
- engage in smoking, drug use, and high risk sexual behaviors
- drop out of school

Attendance Works
Chronic Absence Across U.S. 2015-2016
The Hamilton Project

Student Characteristics
All

School Characteristics
All

Location (state, school district, or school)
Michigan

Choose a school district in Michigan (or click on the map)
Type to search or click on the map

Go back one level  Reset the map

STATE
Michigan: 20.2%

Chronic absence rate
- 0 to 5 percent
- 5 to 10 percent
- 10 to 15 percent
- 15 to 20 percent
- 20 percent or higher

Students Rise. We All Rise.
## Factors Contributing to Chronic Absence

<table>
<thead>
<tr>
<th>Myths</th>
<th>Barriers</th>
<th>Aversion</th>
<th>Disengagement</th>
</tr>
</thead>
</table>
| • Absences are only a problem if they are unexcused  
• Sporadic versus consecutive absences aren’t a problem  
• Attendance only matters in the older grades | • Lack of access to health or dental care  
• Poor transportation  
• Trauma  
• No safe path to school  
• Homelessness | • Child struggling academically or socially  
• Bullying  
• Ineffective school discipline  
• Parents had negative school experience  
• Undiagnosed disability | • Lack of engaging and relevant instruction  
• **No meaningful relationships with adults in school**  
• Vulnerable to being with peers out of school vs. in school  
• Poor school climate |

*Attendance Works*
Barriers to Care Specific to Detroit…

- Roughly 1 in 4 families lack a vehicle
- Health Professional Shortage Areas throughout most Detroit neighborhoods
- 45% Functional Illiteracy Rate
- Similar to the rest of MI, most Detroit schools lack a school nurse
School Nurses

- Recommended School Nurse to Student Ratio is 1:750
- Michigan’s Ratio? 1:6607
School Nurses

- Coordinate Care
- Outreach
- Case Management
- Access to providers
- Ensure students feel safe
- Provide support
- Encourage utilization of reporting systems
- Conduct parent/caregiver and student classes
- Advocate
And more about School Nurses!

- For every dollar spent on school nurses, society gained $2.20.
- 95% of students seen by a school nurse for health related reasons are sent back to class.
- Time Savings:
  - Principals--1 hour a day!
  - Teachers--20 minutes a day!
  - Clerical staff--more than 45 minutes a day!

• Director of Nursing
• 17 registered nurses
  • 9 of which are outreach nurses
  • Provide direct and consultative support for school health services to students across our district.
• Many schools also have on-site health staff (MA, LPN and/or RN) through nurse agency partner.
• Long Term Goal:

A Nurse in Every School!

Students Rise. We All Rise.
Current and Upcoming DPSCD Nursing Initiatives

- 4 person Health Team & Health Modules
- Revamping of health-related policies
- Information Sharing
- Electronic health records
- **Access to attendance data**
- Working to expand partnerships with health service providers
- Revised health information form
Annual Health Information Form

Goal is to pilot in one school before the end of this school year and then use district wide in fall of 2019.
Improved Care Coordination through sharing of information with health partners (need to know individuals):

- Child’s Health Care Provider(s)
- Child’s Health Insurance Plan
- Michigan Department of Health and Human Services and Detroit Health Department
- School-based health service providers
  - School Based Health Centers (SBHC)
  - Dental Service Providers
  - Vision Service Providers
  - Immunization Service Providers
  - Behavioral Health Service Providers
Traditionally the role of the school nurse was designed to promote education achievement by promoting student attendance. In 1902 Lina Rogers was appointed the first school nurse. Her early success in reducing absenteeism led to the hiring of 12 more nurses. Within 1 year medical exclusion decreased by what %?

a. 28%
b. 40%
c. 55%
d. 79%
e. 99%
School Nurses are the core of School Health but they can’t do it alone!

Students Rise. We All Rise.
School-Based Health Centers

• Decreased engagement in risk behaviors
• Fewer threats to achievement
• Fewer negative peer influences
• Greater self esteem and satisfaction with health
• Improved problem solving and conflict management
• Improved health and health behaviors
• Increased physical activity
• Better nutritional choices
• More family involvement

Existing SBHC Partners (16 SBHCs)
St John Ascension
Henry Ford Health System
Institute for Population Health

CAHC Dashboard

Students Rise. We All Rise.
School-Based Health Centers + School Nurses = Student Success

School-Based Health Centers (SBHCs)
- Provide primary care, mental health care, and oral health care screening and treatment
- Offer physical exams and sports physicals
- Prescribe and dispense medication
- Bill public and private insurance for reimbursable services
- Conduct clinical and lab tests
- Treat chronic illnesses

School Nurses
- Screen for barriers to learning, i.e. vision, hearing, vaccination status
- Triage or treat accidents and illnesses
- Administer medications and manage chronic illness, i.e. diabetes, tube feedings
- Support educational success through IEPs, IFPs, and disaster plans

SBHCs & School Nurses
- Educate students and families about healthy behaviors and nutrition
- Enroll students and families in public insurance programs
- Offer immunizations

Benefits of Working Together
- Enhance students' health, academic outcomes, and overall well-being
- Plan and implement health promotion and disease prevention programs
- Increase information sharing to protect student privacy and continuity of care
- Reduce emergency room visits and hospitalizations
- Detect health problems before onset of chronic conditions
Community Based Mental Health Providers

• Work with existing school staff to collectively identify the needs of each school and help fill service gaps.
• Services include:
  • Individual, family, and group therapy
  • Psychoeducation
  • Screenings and Assessments
  • Referrals & Linking
  • Case management and more

Existing Partners:

• Through Detroit Wayne Mental Health Authority
  • Development Centers
  • Children’s Center
  • Black Family Development
  • Arab American and Chaldean Council
  • NorthEast Guidance Center
  • Family Medical Center

District Staff

• 20 Gen Ed SW (2017-2018)
• 80 Sp Ed SW (2017-2018)
• 1 (or more) counselors per school
• 1 Dean of Culture and Climate per school
Students with behavioral health difficulties miss 3 times as many school days as those without.
## Michigan Youth Risk Behavior Survey (2017)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Michigan</th>
<th>Detroit</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a physical fight at school</td>
<td>7.9%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Did not go school because they felt unsafe at school or on their way to or from school</td>
<td>8.2%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Attempted suicide one or more times during 12 months prior to survey</td>
<td>9.4%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Ever had intercourse (males)</td>
<td>49.8%</td>
<td>36.9%</td>
</tr>
<tr>
<td>Had intercourse before the age of 13 (males)</td>
<td>4.9%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Did not use any method to prevent pregnancy (females)</td>
<td>32.4</td>
<td>13.1%</td>
</tr>
<tr>
<td>Did not eat fruits or 100% fruit juice in the last 7 days</td>
<td>5.8%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Were not physically active at least 60 min per day 5 days in the past week</td>
<td>54.4%</td>
<td>68.5%</td>
</tr>
<tr>
<td>Experienced symptoms of depression in the last year</td>
<td>37.3%</td>
<td>34.0%</td>
</tr>
</tbody>
</table>
Local and State Health Department Support

Detroit Health Department

• Vision
• Hearing
• Immunizations
• Communicable Disease
• STI Prevention and much more

Michigan Department of Health & Human Services

• Pathways To Potential

Students Rise. We All Rise.
DPSCD and the Detroit Health Department
2017-2018 school year summary

**Vision**
- 44 schools
- 14,724 children screened
- 1,852 eye exams
- 1,413 glasses distributed
- 56 children referred for further care

**Hearing**
- 44 schools
- 10,527 children screened
- 276 referred for follow up care

**Immunizations (2018-2019)**
- 17 schools
- 88 children immunized

Students Rise. We All Rise.
And more partners!
School-Based Health Services

- **School Social Worker**: Assess personal, family/home, school and community factors that may impact or hinder learning.
- **School Nurse**: Protects and promotes student health through assessment, intervention and care coordination.
- **Behavioral Health Therapist**: Provides direct Behavioral health services, crisis intervention and staff professional development.
- **Community Schools Coordinator**: Facilitates continuum of services for children and families and serves as a bridge between the school and community.
- **School Counselor**: Provides support around academic, social and career development.

**Partners (Internal):**
- Partnerships & Innovation
- Special Education
- Nutrition
- Data & Research
- Academics
- Health & Physical Education
- Culture & Climate
- Youth and Parent Engagement
- School Health & Wellness
- Transportation
- DPSCD Police Dept

**Partners (External):**
- State and Local Health Departments
- CMH Organizations
- Health Institutions
- Medicaid Plans
- Universities
- School-Based Health Centers
- Dental and Vision
- Community
- Foundations

Students Rise. We All Rise.
Innovation and Partnership

- Telemedicine and School Nurse
- School Electronic Health Record System
- STI screenings
- Opt-out consents (if appropriate)
- Read only access to local health institution EHRs
- Peer To Peer
Detroit Asthma School Health Link (DASHLink)

- Pull key stakeholders together around care coordination
- Missouri’s School Nurse Link - health plans have direct contact with school nurses in select schools to help facilitate:
  - communication and appointments with health care providers and specialists
  - referrals for self-management education or home visit programs
- Nemours Children’s Health System’s Student Health Collaboration - school nurses have read-only access to local health system electronic health records (EHRs).
  - School nurses can see current medications, diagnosis information, treatment and care plans
School Health Priorities

- Raise awareness on connection between health and attendance – this starts at leadership
- Increase access to evidence based school health services
- Improve collection of health and wellness information and data
- Establish a school health team that regularly assesses school health needs
- Develop accountability measures around school climate, health programs and policies
- Continue to expand on partnerships that support school health services
- Provide a safe and healthy place to learn and play
Readiness to Succeed

Stimulating Experiences, Parenting Education, Primary Health Care, Good Nutrition, and Safe Environments

Roadmap

- Federal laws that govern health information privacy in the school setting
  - HIPAA
  - FERPA
  - Which applies and when? (For our purposes, K-12...)
  - Data sharing
- Real-life data questions/scenarios
HIPAA

- Health Insurance Portability and Accountability Act of 1996 (Associated HHS regs.=“Privacy Rule”)
- Covers all individually identifiable protected health information (“PHI”) held or transmitted by a covered entity or its business associates, in any form or media, whether electronic, paper, or oral.
  - “Covered entities”: health plans, health care providers, health care clearinghouses
- Schools could be covered entities if they engage in covered transactions (e.g., billing Medicaid for Medicaid-covered services in the school setting)
  - Health care collaborators (student’s physician) must comply with HIPAA
FERPA


✓ Applies to all schools that accept funds from the U.S. DOE (public, private, charter, etc.) Private schools that do not accept federal funds are not subject to FERPA, but are usually still subject to state privacy laws.

✓ FERPA applies in most school health situations, because HIPAA expressly states that HIPAA does not apply to education records covered by FERPA. 45 CFR § 160.103 (2)(i) and (ii)

✓ However, a school that is not subject to FERPA (e.g., private/religious school not receiving funding from the U.S. DOE) that also qualifies as a HIPAA-covered entity must comply with HIPAA.
FERPA

What is an educational record?
- Records directly related to a student maintained by the school or an entity acting on behalf of the school (e.g., a contractor)
- Student health records (e.g., immunization records, physical exam, health screening results)
- Nurses’ notes in official student file
- Records related to special education or health plans

What is PII?
- Any information that, alone or in combination with other information, could be used to identify a specific student
- *Names* of student, parent, or other family members
- Personal identifiers (date of birth, address, SSN, student id, etc.)
FERPA

- Rights of parents and “eligible students” under FERPA
  - Inspect, review, and request amendments to educational records
  - Privacy of personally identifiable information (PII)
  - Annual notice of privacy rights and how school/district defines the terms school official and legitimate educational interest

https://www.sdsmt.edu/Academics/Registrar/FERPA-Privacy-Act/
FERPA

- Exceptions (when may PII be shared without consent?)
  - School officials with a “legitimate educational interest,”
  - Other schools to which student is transferring,
  - To comply with judicial order or valid subpoena,
  - To appropriate officials in health and safety emergencies,
  - Educational studies or federal or state audit,
  - Directory information (with public notice and opt out), and
  - Parties with whom the school has outsourced institutional services functions.
When HIPAA and FERPA Intersect

- Health care providers may share health information with the school nurse under HIPAA for “treatment purposes” without authorization of patient or patient’s parent.

✔ So, a physician may discuss the student’s treatment record with the student’s school nurse, and the school nurse may call the physician to discuss or clarify the physician’s recommendations and student’s Tx plan.

✔ But once that information is entered into the student’s school record, FERPA applies in determining permissible disclosures.

✔ A signed consent form that allows schools to share health information with other health care providers.
When HIPAA and FERPA Intersect

- There is no required format for a consent form for disclosure of education records, but FERPA requires that the consent form:
  - Be signed and dated;
  - Specify the records that may be disclosed;
  - State the purpose of the disclosure; and
  - Identify the party or class of parties to whom the disclosure may be made.

- An oral agreement for disclosure of information would not be sufficient under FERPA (34 CFR § 99.30).
Data Sharing and FERPA: How it can be done...

- Exceptions (when may PII be shared without consent?)
  - School officials with a “legitimate educational interest,”
  - Other schools to which student is transferring,
  - To comply with judicial order or valid subpoena,
  - To appropriate officials in health and safety emergencies,
  - Educational studies or federal or state audit,
  - Directory information (with public notice and opt out), and
  - Parties with whom the school has outsourced institutional services functions.
Data Sharing and FERPA: Why it matters...

- Enhance continuity of care
- Improve students’ health management at school
- Conduct important educational and health research
- Enrich collaboration among health providers, health plans, and partner organizations
- Determine best practices in student care
Data Sharing and FERPA: The “Outsourced Activities Exception”

Schools may share PII from education records with:

Contractors, consultants, volunteers, or other parties to whom an agency or institution has outsourced institutional services or functions. These outside persons or organizations are considered “school officials” under FERPA provided that:

(1) They perform an institutional service or function for which the agency or institution would otherwise use employees;

(2) Are under the direct control of the agency or institution with respect to the use and maintenance of education records; and

(3) Are subject to the requirements of FERPA regarding the use and redisclosure of PII from education records.

(Third parties may not redisclose the PII to anyone else without written parental consent; and employees or agents of the third party may use the data, but only for the purpose for which the disclosure was made.)
Data Sharing and FERPA: Best Practices

- **Data sharing agreements** or memoranda of understanding are important for ensuring that all parties with access to the data are bound by the requirements of FERPA and other applicable laws, as well as principles of ethics, good stewardship, and professionalism.
- Use of PII should be **limited** to purposes specified in DSA
- **Transparency**—Put data sharing agreements on public websites with data elements, how data are shared, and the purpose for sharing.
Developing Data Sharing Agreements: Questions to Ask

✓ What specific type(s) of data are involved?
✓ Which laws apply?
✓ Who will have access to the data?
  ✓ Consider all access points…
✓ What agreements should be in place and among what parties?
Data Sharing Scenario: Immunization Registries

Minnesota:

✓ State law allows schools to share immunization data with state immunization registry
✓ FERPA does not
✓ FERPA preempts state law…now what?
✓ Schools must get parental/guardian consent to share immunization data with MIIC (e.g., enrollment open houses).
Data Sharing Scenario: Immunization Registries

Michigan:

✓ Opt-in or active consent (upon school enrollment)

The school MCIR/SIRS user will take the following steps:
1. Log into MCIR/SIRS
2. Search for student
3. On student information page, click Edit Information hyperlink (screenshot 1)
4. Edit school information for the student by checking the new “FERPA No Consent” checkbox
5. Save the change by clicking the Submit button

The “FERPA No Consent” checkbox with a checkmark should now be visible.

In Summary:

Consent = an unchecked/blank FERPA checkbox
No consent = a checked FERPA checkbox, do not share data with MDHHS/LHD
State Law

- It is illegal to get drunk in a bar and remain on the premises.
  (Alaska Stat § 16.10.400)

- It is illegal to take a selfie with a tiger.
  (NY VTL § 421.15)

- It is illegal to drink raw milk from a cow you do not own.
  (Cola Rev. Stat. § 25-5.5-117)

- It is illegal to mispronounce “Arkansas.”
  (Ark. Code § 3-4-100)

- It is illegal to stage fights between chickens.
  (Ala. Code § 11-6-224)

- It is illegal to feed garbage to pigs without a permit.
  (Az Rev Stat § 3-2964)

Images from: www.mysecuritysign.com
Real-World Questions
Who owns the data that school nurses collect?

Privacy law doesn’t seem to place much stock in data ownership, but rather on who collects and maintains it.

- State and federal law grants permissions and impose restrictions on school districts or private schools regarding the maintenance, disclosure, and destruction of school records, (which includes data collected by school nurses). For example, FERPA gives parents and students certain rights to access students’ educational data and allows schools may charge a fee for copies of the records.
- This suggests that the question of data ownership is less important than the rights and responsibilities the law imposes on the possession and disclosure of such data.
If a school nurse maintains personal notes, are they part of the educational record and thus subject to FERPA?

Yes, unless certain conditions are met.

✓ A school nurse’s personal notes are not part of the educational record *only if all* of the following criteria are met:
  ✓ The notes are used only as a memory aid;
  ✓ They remain in the sole possession of the writer; and
  ✓ They are shared with no one except a temporary substitute RN.
If a coordinated care plan is in place among a student’s school nurse, parents, and doctor, is the school nurse responsible for notifying a doctor or parent about a student’s health issue that occurs after school hours?

Where there is a coordinated care plan in place with the necessary data sharing permissions, school nurses are authorized to share health information with authorized individuals per the care plan, whether during the school day or after hours.

✓ Whether the school nurse would be “responsible” to share such information is a question of standard of care and professional ethics.
✓ Note that parent can withdraw permission at any time.
A school nurse provides contraception and related counseling to high school students. A parent calls and demands to know whether his child was given contraception. Is the nurse required to tell him?

Yes, if such information is recorded, it is part of the student’s educational record, and FERPA gives parents the right to access their dependent child's (under age 18) education record, including any health information maintained.

✓ This is true even if a state allows minors to consent to contraceptive care without parental notification or consent.
✓ A possible exception is if a school nurse’s notations on contraception counseling were “personal notes.”
✓ Data collected for practice or program evaluation should be aggregate and de-identified.
✓ Where state law conflicts with FERPA—meaning that it would be impossible for one to comply with both laws—FERPA prevails.
Are school nurses allowed to use personal cellphones to exchange information about student’s health?

Sharing information about student health via personal cellphones is highly unadvisable.

✓ Not secure, lack encryption, and sender cannot be sure of intended recipient.
✓ If permitted by state law, school nurses may use an encrypted device or app provided by the school or educational agency for this purpose.
✓ HIPAA allows sharing via text if: (1) text is encrypted or otherwise secured or (2) covered entity first warns patient that the communication is not secure and patient consents.
Can a list of students' health issues be distributed to teachers or other staff?

A global transmittal of student health issues is not permissible under privacy laws and does not constitute best practice.

- Disclosure *is* permitted to certain teachers and other staff in limited circumstance where there is a “legitimate educational interest.”
- Aggregate, de-identified health data may also be shared.
If a school employee is concerned that a student might hurt themselves or someone else, to whom can they report this information?

You may disclose to any person who needs to know to protect health or safety.

✓ If a school nurse evaluates the information available at the time and feels that there is an "articulable and significant threat to the health or safety of a student or other individuals, [he or she] may disclose information from education records to any person whose knowledge of the information is necessary to protect the health or safety of the student or other individuals."
May a school, without consent, disclose health records or other educational records maintained by a school to the public health department?

Yes, under certain exceptions to the general prohibition on disclosure (34 CFR § 99.31):

- **Abuse or neglect:** School employees are required to report suspected abuse or neglect. FERPA does not override that responsibility.
- **Certain reportable diseases**
- **Concern that a student may hurt self or others:** If someone is in imminent danger, no consent is required. (See discussion above re: threat to self or others.)
- **De-identified data:** It is permissible to share health-related data that does not contain information that makes the student's identity readily traceable.
If a school nurse is asked to attend a multi-disciplinary meeting about a student where community persons (e.g., mental health therapist), school-based health center staff, and/or school staff are present, what can that school nurse share about a child's health?

The school nurse can share information with school staff if there is a legitimate educational interest, and with non-school staff only if there is consent, unless an exception applies (34 CFR § 99.31)
Does privacy law require that schools provide physical privacy to students when in the school health clinic (i.e., visual and conversational privacy)?

No. FERPA relates to education records, and not to an individual’s personal visual or conversational privacy. While schools are generally subject to FERPA and not HIPAA, the HIPAA guidance on this issue is instructive: others being able to see a student/patient in a health clinic (and therefore knowing they are receiving medical care) would constitute permissible "incidental disclosure" on the part of the provider under HIPAA.
If a community group conducts a health screening that the school arranges, may a school nurse share information about a student's health with a volunteer from the organization?

It depends on the relationship between the school and the volunteer organization.

- If the community group is employed by, under contract with, or otherwise acting on behalf of the school, the screening becomes part of the educational record and thus subject to FERPA. If not, then these records are not education records.

- Without written consent, a school nurse cannot share a student’s PII with a volunteer (unless there is a DSA between volunteer and school that binds the volunteer to FERPA and HIPAA requirements).
What are the consequences of violating FERPA? Are there potential consequences to a nurse's licensing?

Consequences can include:

✓ Schools losing federal funding
✓ Possible sanctions by state nurse licensing entity
✓ Liability under state privacy or tort laws
✓ No private right of action under FERPA but people who believe their rights have been violated may file a complaint with the Education Department’s Family Policy Compliance Office (FPCO)
What information can a school nurse release if served with a lawfully issued subpoena?

Only the information stipulated in and relevant to the subpoena must be released.

✔ However, the school must first make a reasonable effort to notify the parent (or eligible student) in advance of compliance, unless the court or other issuing agency has ordered that the contents of the subpoena not be disclosed, or that the protected education records not be included.
For more information...


Data Privacy in School Nursing: Navigating the Complex Landscape of Data Privacy Laws (Part 1)

School nurses collect and are responsible for a vast amount of personal information related to students and their health. This document is designed to help school nurses understand what information they can share, when, and with whom in accordance with federal privacy laws. The primary federal law that governs confidentiality and information sharing by schools is the Family Educational Rights and Privacy Act (FERPA), while the main federal law that controls data privacy and sharing by health care professionals is the Health Insurance Portability and Accountability Act (HIPAA). This document will:

- present a brief overview of each federal law as it relates to the practice of school nursing;
- explore how these laws affect health information privacy and sharing by school nurses with a goal of facilitating communication among schools, health care providers, and families for enhancing continuity of care and improving students' health management at school; and
- address several questions that were submitted by members of the National Association of School Nurses (NASN).

Each state also has its own data privacy laws that may affect data privacy and data sharing, therefore school districts should always refer to the most updated version of state law when deciding how a particular record should be handled. Contact the Network for Public Health Law for assistance on individual state laws.

Family Educational Rights and Privacy Act (FERPA)

FERPA is a federal law that was enacted in 1974 to protect the privacy of students' education records. It applies to educational entities that receive funding under any program administered by the U.S. Department of Education, which includes public elementary and secondary schools and school districts. Most private and religious schools at the elementary and secondary levels do not receive federal funding, and therefore are not

https://www.networkforphl.org
Contact

Kerri McGowan Lowrey, J.D., M.P.H.  
klowrey@law.umaryland.edu

Elliott Attisha, D.O., FAAP  
Elliott.attisha@detroitk12.org