

# FERPA/HIPAA CONSENT

## SAMPLE

### **Purpose:**

This form provides the school nurse with family consent to release and share information between the school and a student's healthcare provider; providing a pathway to care needed by the student with a chronic health condition to be healthy, safe, and ready to learn.

### **Instructions:**

- Present this form to families when meeting to discuss how to provide health services at school.
- Explain how this consent protects the health and safety of their child by allowing the school nurse to communicate with the child's healthcare provider, while protecting the privacy of a student's health information.
- Explain the rights to parents/guardians provided by FERPA:
  - Inspect and review the student's educational record.
  - Seek amendment to the educational record.
  - Consent to disclose personally identifiable information.
  - File a complaint concerning failures by the school to comply with the requirement of FERPA.

### **Documentation:**

File a copy the FERPA/HIPAA Consent in the student's educational record.

## FERPA/HIPAA CONSENT

### AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION BETWEEN MEDICAL HEALTHCARE PROVIDERS AND SCHOOLS/SCHOOL DISTRICTS

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with federal laws (including FERPA and HIPAA) concerning the privacy of such information. This consent protects the health and safety of the child by allowing the school nurse to communicate with the child's healthcare provider, while protecting the privacy of a student's health information.

#### **USE AND DISCLOSURE INFORMATION:**

Patient/Student Name:

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Last	First	MI	Date of Birth
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I, the undersigned, do hereby authorize (name of agency and/or healthcare providers):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

to provide (specifically describe the health information here) from the above-named child's medical record to and from:

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School/School District to Which Disclosure is Made	Address / City and State / ZIP Code
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Contact Person at School/School District	Area Code and Telephone Number
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The disclosure of health information is required for the following purpose:

#### **DURATION:**

This authorization shall become effective immediately and shall remain in effect until \_\_\_\_\_ (enter date) or for one year from the date of signature, if no date entered.

#### **RESTRICTIONS:**

Law prohibits the Requestor from making further disclosure of my health information unless the Requestor obtains another authorization form from me or unless such disclosure is specifically required or permitted by law. Where HIPAA allows further disclosure without consent, I understand that my health information may no longer be protected by HIPAA.

#### **YOUR RIGHTS:**

I understand that I have the following rights with respect to this Authorization: I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the school district/health care agencies/ persons listed above. My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance to this Authorization. A healthcare provider may not condition my treatment, payment, enrollment, or eligibility for benefits on providing authorization.

**RE-DISCLOSURE:**

I understand that the Requestor (School/School District) will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

I have a right to receive a copy of this Authorization. Signing this Authorization may be required in order for this student to obtain appropriate services in the educational setting.

**APPROVAL:**

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Printed Name

Signature

Date

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Relationship to Student

Area Code and Telephone Number