

STUDENT HEALTH INFORMATION

State and Federal laws and regulations dealing with the confidentiality of student record information recognize that student health information is treated differently from other student record information. It should be noted that the Health Insurance Portability and Accountability Act, also known as HIPAA, does not apply to student records, with some exceptions not germane to this policy. See 65 Fed. Reg. 82805 (2000). School health personnel may have access to student health records, when such access is required in the performance of their official duties. 603 Code Mass. Regs. §23.07 (4)(h). Of course, a parent/guardian or in some circumstances the student himself or herself may consent to the release of student health record information to school personnel generally. In the absence of such informed written consent, however, the following standards should apply to a determination of which school officials may access what parts of a student's health record. In the first instance, such determinations should be made by the building administrator, in consultation with the school-based nurse. If a disagreement arises, such concerns should be brought to the attention of the Director of Medical Services, Student Support Services, for resolution.

The following guidelines should be used:

1. Routine medical information. Such student health information should be disseminated only as is appropriate to meet the regular and effective educational mission of the school. Such information may include information contained in an IEP or 504 Plan, previously scheduled medical appointments, health-related incidents that may require or necessitate further reporting, or dispensation of medications. In all events, only the minimum necessary health record information should be disclosed. Thus, the type of medications dispensed would, absent more, not be disclosed in the above example. The fact that a medical appointment, necessitating early dismissal, is with a psychiatrist, would also not normally be disclosed as a matter of routine medical information.

Routine medical information is information that is appropriate for certain staff to know in order to maximize the safety for children. For example, a child with diabetes needs to have teachers who are knowledgeable about the illness, in order for the child to have a safe learning environment. Low blood sugar can also affect the child's ability to concentrate. In this circumstance it would be appropriate to notify all of the child's teachers, individually. Health information should never be circulated by an all-staff memo.

2. Medical information of limited dissemination. Such student health information that is of a confidential nature and yet is of little educational benefit in the school. This is specific information that the Student Support Team needs to know to provide accommodations. When possible, all diagnoses, especially those related to mental health, should be expressed as a functional diagnosis. For example, it should be enough for the team to know that a child who is depressed is getting counseling. The details of the diagnosis or the causes of the depression are not relevant to the team's provision of accommodations. The nurse provides the connection with the provider to interpret the medical information or when clarification is required.
3. Highly sensitive information. Such student health information of a highly sensitive nature that has no bearing on educational achievement and is of no educational use or consequence and in which a high expectation of privacy exists for students and/or parents or guardians. Such information may include: suicide attempts, treatment for drug or alcohol abuse, mental health diagnoses, family planning information, maternity/paternity tests or information, abortions, or HIV infection. This information is of two types: (1) no accommodations or safety issues and (2) highly sensitive

information. Medical diagnoses that have no relevance to a student's performance do not need to be shared. For example, a child in therapy who is depressed but not suicidal and who is performing well in school, does not need to have this information shared with the school community. There are also highly sensitive medical situations that are protected by state regulations. These include HIV and a minor's right to seek medical care for pregnancy, sexually transmitted diseases and substance abuse, without their parents' consent. Any inclusion of this information in the educational record is a violation of the adolescent's right to privacy. With HIV, the student/family can choose to disclose and can limit the individuals to disclose to. In some circumstances, such information is of such a private nature that even dissemination to a parent or guardian is prohibited. Questions in this regard should be directed to the Office of Legal Advisor. Such highly sensitive health information should, whenever possible, be segregated from the rest of a student's health information to reduce the chance of inadvertent disclosure.

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