

## Consent for Communication and Information Sharing Between School and Health Care Teams

### FERPA Consent to Allow Data Sharing from School to Health Care

STUDENT NAME: \_\_\_\_\_ STUDENT DOB: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL POINT OF CONTACT: \_\_\_\_\_

SCHOOL CONTACT INFO: \_\_\_\_\_

- I give permission for my child's school to share information with and discuss my child's health and school performance with my child's health care team as needed and as permitted by law.<sup>1, 2</sup>

○ School staff (role or name): \_\_\_\_\_

○ Health care team members (role or name): \_\_\_\_\_

*If desired, school teams may add a section here that allows families to specify information that they GIVE permission to have shared or information they do NOT want shared.*

- I understand that allowing my child's school to share information with my child's health care team will allow them to coordinate my child's care, provide outreach services if necessary, and keep my child healthy, safe, and engaged in school.
- I understand that, even with this consent, *only* those individuals at my child's health care office and school who *must* have access to information about my child to provide necessary services will be permitted to participate in discussions or data sharing regarding my child.
- I understand that, whenever possible, my school will include me in discussions about my child.
- I understand that I am entitled to receive a copy of any disclosed records.
- I understand that these individuals may further use records provided by my child's school or healthcare provider for contacting me and/or verifying information for student health related purposes.

I understand that my consent to allow sharing the above information is voluntary and that it is not required for my child to enroll in school or to receive care at my child's doctor. This consent will remain in effect for as long as my child is enrolled in this school district.<sup>3</sup> I understand that I may revoke this consent at any time by submitting a note or letter in writing to the school administration office.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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1. Districts may use these lines to designate either staff roles or individual names that the parent/guardian consents to share information. Teams may also elect to eliminate the lines.
2. Additional lines or checkboxes could be added here if the team elects to add specific types of information that may or may not be shared. See Implementation Toolkit for examples.
3. Districts may customize this statement if they have a different term (e.g. school year) for consents within their own policies.

## Consent for Communication and Information Sharing Between School and Health Care Teams

### HIPAA Consent to Allow Data Sharing from Health Care to School

STUDENT NAME: \_\_\_\_\_ STUDENT DOB: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

HEALTHCARE PROVIDER: \_\_\_\_\_

HEALTHCARE CONTACT INFO: \_\_\_\_\_

- I give permission for my child's health care team to share information with and discuss my child's health and school performance with my child's school as needed and as permitted by law.<sup>1, 2</sup>
  - School staff (role or name): \_\_\_\_\_
  - Health care team members (role or name): \_\_\_\_\_

*If desired, health care teams may add a section here that allows families to specify information that they GIVE permission to have shared or information they do NOT want shared.*

- I understand that allowing my child's health care team to share information with my child's school will allow them to coordinate my child's care, provide outreach services if necessary, and keep my child healthy, safe and engaged in school.
- I understand that, even with this consent, *only* those individuals at my child's health care office and school who *must* have access to information about my child to provide necessary services will be permitted to participate in discussions or data sharing regarding my child.
- I understand that, whenever possible, my child's health care provider will include me in discussions about my child.
- I understand that I am entitled to receive a copy of any disclosed records.
- I understand that these individuals may further use records provided by my child's healthcare provider or school for contacting me and/or verifying information for student health related purposes.

I understand that my consent to allow sharing the above information is voluntary and that it is not required for my child to enroll in school or to receive care at my child's doctor. This consent will remain in effect for as long as my child is enrolled in this school district.<sup>3</sup> I understand that I may revoke this consent at any time by submitting a note or letter in writing to my child's health care office.

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature<sup>4</sup> \_\_\_\_\_ Date \_\_\_\_\_



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1. Districts may use these lines to designate either staff roles or individual names the parent/guardian consents to share information.
2. Lines or checkboxes could be added here if the team elects to add specific types of information that may or may not be shared. See Implementation Toolkit for examples.
3. Health care organizations may customize this statement if they have a different term (e.g. school year) for consents within their own policies.
4. AAP and NASN policies recognize the importance of "assent" of the minor patient themselves when they are developmentally able to participate in discussions regarding information sharing, privacy, and confidentiality. For more information on adolescent privacy, refer to the Confidentiality in the Care of Adolescents AAP [Policy Statement](#) and [Technical Report](#). Users should also consult with their legal teams for guidance on compliance with state laws around adolescent privacy.

### **ADDITIONAL INFORMATION FOR FAMILIES**

Why are my child's school and health care provider requesting my permission to communicate and share information?

- Your child's school and health care providers want to provide your child and family with the best possible care, including to support your child's health, wellbeing, and school performance.
- We are seeking your consent so that critical members of your child's care team can share important information about your child's health and/or school experience and to coordinate care for your child.
- This consent is necessary under two key privacy laws to protect your child's information, including the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.
- Families, including guardians and students who are developmentally able to participate in decision-making, are considered to be the center of discussions around interprofessional information sharing. The school and health care team should discuss the family's wishes at the time the consent is given and should continue to include (or notify) the family when information sharing occurs. That means guardians are given the right to decide<sup>1</sup>:
  - If information-sharing can occur at all;
  - Who can be involved in this information-sharing;
  - What types of information can be shared or discussed (health updates, learning or behavior updates, school accommodations, number of school absences, etc.);
  - When the agreement ends.

#### Federal Educational Rights Protection Act (FERPA)

- The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. Generally, schools must have written permission from the parent/guardian, or student if over 18 years of age, to release information from a student's education record to a party outside of the school.
- Schools *may* share information about a student with members of the school team with a need to know to provide appropriate care for the child.

#### Health Insurance Portability and Accountability Act (HIPAA)

- The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that protects the privacy of protected health information. This law requires organizations ("covered entities") to have written permission to share certain protected health information.

#### What does this form NOT do?

- This form *only* allows for the sharing of limited information between your child's school and health care provider necessary to coordinate care and support your child's health, wellbeing, and school performance.
- This form does *not* represent consent to provide medical services for your child.
- This form does *not* limit the parent's ability to be notified of communications and to be aware of what information is shared.

1. Parents who reviewed this form consistently reported that they would need reassurances that they could have input into what information is shared and how that information is shared. Teams may customize this section but should refer to the Implementation Toolkit for recommendations on how to integrate families into information sharing processes.