School-based health care support toolkit: Information on data sharing between parties
Further data sharing considerations

The purpose of parental consent is to assure that a student’s family both acknowledges and approves of interaction(s) between the education system and healthcare providers, which can include:

1) **Assessing and treating the patient**
2) **Keeping the community of care in the loop**
3) **Getting reimbursed**
4) **Evaluating program outcomes**
Guidelines for data sharing use cases

Assessing and treating student patient
- Consent is sought in medical settings to assure that healthcare services are both acceptable and allowable to the recipient - parental consent typically consists of a short form that requests the ability to treat a student.
- Consent can either be a blanket consent to deliver any needed healthcare services over a given period of time (e.g., a school year, or the enrollment span of a student in a district), or can be per encounter (e.g., each time a student seeks health services).

Keeping the community of care in the loop
- Both the healthcare and education realms are governed by specific guidance that limits the use of data outside that specific realm, HIPAA and FERPA respectively.
- Sharing between providers and school community
  - Providers should obtain parental consent to share health information protected by HIPAA (no different than what is sought for non-student patients).
  - Providers do not need parental consent to share information with a school nurse (as per HIPAA allowances), or general information that does not contain a student’s protected health information (PHI).
- Sharing between school community and providers
  - School staff should obtain parental consent to share and FERPA protected data that normally is not shared outside the school setting.
  - School staff does not need parental consent to share longitudinal data that does not contain a student’s protected health information (PHI).

Getting reimbursed
- Schools offer a range of services that are expected to be of no cost to the student; however, health services beyond that basic level of coverage may require access insurance to cover services normally available outside a school setting.
- Providers should discuss insurance access with families as they may incur out-of-pocket expenses to offset deductibles and co-pays.
- Consent is required to allow provider access to 3rd party insurance.

Evaluating program outcomes
- See the full guidance later in this section.

1 Toolkit resources to support these efforts: State of Ohio consent permission, State of Ohio service agreement (includes data sharing allowance).
Key roles in school-based health efforts and how they share confidential health data

- **Partner clinicians** (in school-based health partnership)
  - Accessed through health records
  - Health information involving wide student population (e.g. chickenpox, threat to others or self-harm)

- **Resource coordinator**
- **School health care providers** (e.g. School Nurse, staff psychologists)

- **School team** (e.g. administration, teachers)
  - Health information consented by families to release

- **Community clinicians** (not in school-based health partnership)
  - Accessed through health records
  - Electronic health records

- **Student families**
  - Health information consented to release

**Summary health information**

- Within school-based health team