



Policy: Student Health Information Sharing & Privacy (FERPA/HIPAA)

Approved by Governing Council: 11/5/2025

Applies to: School Nurse, SBHC Staff, Designated School Health Staff, Administrators

1. Purpose

To establish clear procedures for the collection, use, and sharing of student health information in compliance with:

- Family Educational Rights and Privacy Act (FERPA)
- Health Insurance Portability and Accountability Act (HIPAA) where applicable
- New Mexico Department of Health (NMDOH), Public Education Department (NMPED), and state law

This policy ensures student **safety, privacy, and continuity of care** while clarifying roles of the school nurse, School-Based Health Center (SBHC), and other staff.

2. Scope

This policy applies to all health information created, maintained, or shared by:

- School nurse (paper records, EHR, care plans, emergency forms, screenings)
- SBHC (HIPAA-protected clinical records)
- Communications with school staff, parents/guardians, and external providers

3. Federal and State Laws Governing Student Confidentiality and Consent to Health Care

- **Family Educational Rights and Privacy Act (FERPA):** a federal law protecting student education records which includes student health records maintained by school.
 - **Health or Safety Emergency Exception:** in limited circumstances, school officials may disclose personally identifiable information from a student's education records without consent if necessary to protect the health or safety of the student or others. This exception applies only during the emergency period





and does not permit a blanket release of information. (34 CFR §§ 99.31(a)(10), 99.36)

- **US Health Insurance Portability and Accountability Act (HIPAA):** a federal law that safeguards patient privacy and secure health information. Governs external healthcare provider records, including some SBHC records, if electronically billed and not part of the student's education record.
- **Title X of the Public Health Service Act (also referred to as Title X Family Planning Program):** under federal Title X regulations, minors may receive family planning services at Title X sites without parental involvement. All information related to individuals receiving such services must remain confidential and may not be disclosed without the individual's documented consent, except as necessary to provide services or as required by law. Any disclosure must include appropriate safeguards to protect confidentiality.
- **New Mexico Confidentiality Laws for Minors:** NM law incorporates the federal HIPAA Privacy Rule for disclosure of protected health information but also includes stronger protections. (*See* NMSA 1978 § 14-6-1; NMSA 1978 § 24-14B-6). New Mexico laws also contain provisions that are specific to the confidentiality of minors' health information, particularly with respect to parents' access to that information. (*See* NMSA 1978 § 32A-6A-24; NMSA 1978 § 24-1-9.4; NMSA 1978 § 24-2B-6).
- **New Mexico Health Care Consent Laws for Minors:** NM has laws authorizing some minors to consent for health care based on their status. (*See* NMSA 1978 § 28-6-1; NMSA 1978 § 24-10-1; NMSA 1978 § 32A-21-5; NMSA 1978 § 24-7A-6.2)
- **NM Public Health Act and Accompanying Regulation(s):** requires reporting of communicable diseases and immunization compliance. (*See* NMSA 1978 § 24-1-1 et seq. and NMAC 7.4.3.13).

4. Confidentiality Principles





- **Confidentiality First:** Student health information is private and must be protected. Disclosure is permitted only with written consent from a parent/guardian or, in certain cases, the minor student, in accordance with applicable law.
- **Minimum Necessary Standard:** When disclosure is authorized or required, only the minimum amount of information necessary to accomplish the intended purpose should be shared.
- **Consent-Driven Communication:** Written consent from the parent/guardian or, in certain cases, the minor student is required for most disclosures of health information, except as otherwise permitted or required by law.
- **Emergency Exceptions:** In emergency situations, relevant information may be shared immediately with appropriate staff, emergency medical personnel, parents/guardians, or administrators to protect the health and safety of the student or others.

5. Information Sharing with Stakeholders

A. Teachers / School Staff

- Receive only limited, need-to-know information (e.g., allergy alerts, seizure or asthma action plans, classroom accommodations).
- Full medical records are **not shared**.

B. Counselors & Social Workers

- Collaborate with nurse/SBHC but require consent to receive treatment details.
- May receive general observations (e.g., “student experiencing stress affecting attendance”).

C. Administrators

- Informed only when student/staff safety, communicable disease reporting, or significant participation issues arise.
- Receive functional information (e.g., “student may need emergency response plan”) but not diagnoses.

D. Parents/Guardians





- May request access to their student's health records in writing, except where access is restricted by state law to protect the confidentiality of a minor's health information.
- Must sign a release before records are shared externally.

E. Outside Healthcare Providers (SBHC, PCP, Therapists)

- Require FERPA-compliant Release of Information signed by parent/guardian or eligible student.
- Exception: emergencies requiring immediate disclosure.

F. Public Health Authorities

- NMDOH may be notified of communicable diseases, immunization noncompliance, or reportable conditions without consent.

6. Communication Methods

- **Phone:** Limited details, recipient identity verified.
- **Email:** District-approved secure accounts only; sensitive info encrypted.
- **Written Plans/Reports:** Shared securely only with staff with legitimate educational interest.
- **EHR Access:** Password-protected, role-specific permissions, automatic timeouts.

7. Documentation

- All external disclosures logged: date, recipient, purpose, type of information.
- Signed consent forms stored in student's health record.
- SBHC records remain HIPAA-protected; once shared with school, FERPA applies.
- Nurse documents educational impact/accommodations, not medical diagnoses.



8. HIPAA–FERPA Crosswalk

Scenario	FERPA Applies	HIPAA Applies	Notes
Nurse health records (medications, care plans, immunizations)	✓	✗	Education records under FERPA
Notes in cumulative file	✓	✗	FERPA governs
Nurse/counselor shares info with staff	✓	✗	Must meet “legitimate educational interest”
Private physician records received by school	✓	✗	Once maintained by school, FERPA governs
SBHC run by district, no billing	✓	✗	FERPA applies



SBHC bills electronically,
maintains separate records



HIPAA applies only to
those records

Outside provider shares info
with nurse

FERPA once
in school
record

HIPAA
governs
provider side

HIPAA permits disclosure
with consent or legal
exceptions

9. Training & Accountability

- Annual training for nurse, SBHC staff, and designated health staff on FERPA/HIPAA, confidentiality, and district privacy policy.
- Unauthorized disclosures may result in disciplinary or legal consequences.

10. Emergencies

In urgent situations, the nurse or SBHC may share necessary information immediately with:

- EMS responders
- Staff responsible for student safety
- Parents/guardians
- Administrators

All emergency disclosures must be documented in the health record.

11. Review & Oversight

This policy will be reviewed annually by:

- School Nurse
- SBHC Director
- School Administration





- Governing Council

Updates will reflect NMDOH, NMPED, NMBON, and NSNA standards.

