Consent to Access Electronic Health Records

Purpose

Lehigh Valley Health Network, including its health care providers and subsidiaries, which has been merged into Jefferson Health Corporation ("LVHN") is a health network providing health care services to patients in Eastern Pennsylvania, and maintains an electronic health records system (the "EHR System") to store Protected Health Information of its patients. The EHR System, in turn, participates in the Epic Nexus Qualified Health Information Network ("Epic QHIN"), a national network which provides for the exchange, among the participants in the network, of Protected Health Information of the patients of those participants. The Epic QHIN, in turn, participates in the Trusted Exchange Framework and Common Agreement ("TEFCA") with other qualified health information networks ("QHINs") to exchange health information among those QHINs.

The Catasauqua Area School District has entered into agreements with LVHN to allow the nurses at your child's school to access the health records of your child in the EHR System, Epic QHIN, and through TEFCA exchanges (collectively, the "Network") **if you consent**. Accessing these records will help the school health office make better informed decisions about your child's medical care. The information will be used to provide your child with medical treatment and educational/school-based needs as explained further in this Consent form.

Allowing the nurses at your child's school to access these electronic health records is your choice. The nurses will not access those records without your consent. Your decision to consent or not consent will not affect your child's access to school health and nursing services.

Types of Information Included in this Consent

If you give consent, your child's school may view ALL of your child's health information available in the Network. This includes information created before and after the date of this consent form. Your child's health records may include a history of illnesses or injuries your child has had (like diabetes or a broken bone), test results (like x-rays or blood tests), and medicines he or she has taken.

Some state and federal laws provide additional rules for sensitive health conditions. The School District, LVHN, and the Network will follow all applicable state and federal laws while participating in this arrangement, including those laws regarding specific sensitive health conditions.

Where Health Information about Your Child Comes From

Information in the Network about your child's health comes from places that have provided your child with health care. These places may include hospitals, physicians' offices, pharmacies, clinical laboratories, and other organizations that exchange health information electronically.

Who May Access Information About Your Child, if You Give Consent

The nurses at our schools will be the individuals accessing the records, but they may share the information with other individuals at the school who have a legitimate educational interest in the information, including teachers, guidance counselors and administrators. They may also share the information in connection with an emergency where the information is necessary to protect against a significant threat to the health or safety of your child or others, but only if the health and safety emergency is imminent, the threat is serious, and the need for the information is immediate. By giving your consent to the nurses' access to the Network, you are agreeing that the records and information contained within the Network may become part of your child's educational records at the school.

Time and Manner of Consent

You can file this consent at any time by signing at the end of this form and returning it to the school health office.

Withdrawing Your Consent

You can withdraw your consent allowing the nurses to access your child's health records in the Network at any time. If you withdraw your consent, your child's health information from the Network that was copied into your child's education records will continue to be stored at your child's school. Your decision to stop access to the Network will not affect your child's access to care or adversely impact your child's academic record.

Effective Period

Your consent will remain in effect until (1) you withdraw your consent; (2) your child attains age eighteen (18); or (3) your child is no longer enrolled in the Catasauqua Area School District.

Upon your child attaining age eighteen (18), a new consent form must be signed by your child for continued access.

Manner and Time of Consent

Your consent will remain in effect until (1) you withdraw your consent; (2) your child attains age eighteen (18); or (3) your child is no longer enrolled in their current school district.

Upon your child attaining age eighteen (18), a new consent form must be signed by your child for continued participation.

Questions

If you have any additional questions about consenting to the nurses' access to your child's electronic health records in the Network, please contact:

Sheckler Elementary School: Jennifer Churetta RN BSN CSN at 610-264-5601 ext 3
CASD Middle School and High School: Jaimie Rosentel RN BSN CSN at 610-697-0116 ext 2

Signature

I have reviewed the attached consent form and agree to permit nurses at my child's school to access my child's electronic health records in the LVHN EHR System, Epic QHIN, and through TEFCA exchanges.

Student name: _____ Parent/Guardian name: _____

Date: _____ Signature: _____