Implementation Toolkit to Support School Health Information Sharing

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American Academy of Pediatrics
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National Association of School Nurses

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Table of Contents

Introduction

Information sharing and coordination of care across the health and educational sectors is often limited by lack of consent, which can result in gaps in care and missed opportunities for integrated, aligned support for families. To meet the needs of states and/or local communities and the privacy requirements for both health and education sectors, including under Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA), an information-sharing consent form template and Implementation Toolkit were developed.

This toolkit seeks to address commonly asked questions as schools and health care providers partner to coordinate care and share critical information about students and patients they share. Effective collaboration requires sharing of health-related information between health care providers and schools and is critical to ensure that students receive comprehensive coordinated care, while respecting privacy laws. The provision of care coordination has been associated with improved patient and family satisfaction, reduced unplanned hospitalizations and emergency department visits, improved school attendance and decreased health care costs.[1]

Background on Information Sharing Consent Form Template

In 2023, with funding from the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) worked together to develop a bidirectional consent form to support care coordination for chronic condition management through information sharing between school and community health care providers. The template leverages existing local consent form examples to create a new resource that addresses legal concerns and gaps in education. It also benefits all parties involved with positive impacts on student and family engagement and outcomes. It is designed to facilitate communication between schools and the primary medical home and is adaptable to different scenarios and jurisdictions.

Implementation Toolkit

To support implementation of the information-sharing consent form template and strengthen communication and collaboration, AAP and NASN experts developed this Implementation Toolkit with resources for families, school health professionals and community health care providers. Resources in the toolkit include:

- **Commonly Asked Questions about Improving the Information-Sharing Process Between Schools and Health Care Providers:** This document seeks to address commonly asked questions for schools and health care providers as they partner to coordinate care for students and patients they share.
- **Bidirectional Consent: Planning and Implementation Checklist:** This checklist may be used to guide your team as you create or update forms and processes for FERPA- and HIPAA-compliant consent to facilitate information sharing between schools and health care providers.
- **Bidirectional Communication Environmental Scan:** This tool helps you to understand and document your current processes related to care coordination, communication and information sharing. Discussions and the resulting responses to the questions can guide your improvement efforts.
- **Five Things to Remember about FERPA/HIPAA:** These two documents include quick facts about FERPA and HIPAA for school professionals and community providers.
- **Script to Explain to Families the Consent for Communication and Information Sharing Between School and Health Care Teams:** This script is a tool school health staff and related health professionals can use to explain to families, in plain language, the purpose and goals of the information-sharing consent form template.

1. Turchi, Renee & Antonelli, Richard & Norwood, Kenneth & Adams, Richard & Brei, Timothy & Burke, Robert & Davis, Beth & Friedman, Sandra & Houtrow, Amy & Kuo, Dennis & Levy, Susan & Turchi, Renee & Wiley, Susan & Kalichman, Miriam & Murphy, Nancy & Cooley, William & Jeung, Joan & Johnson, Beverly & Klitzner, Thomas & Sia, Calvin. (2014). Patient-and Family-Centered Care Coordination: A Framework for Integrating Care for Children and Youth Across Multiple Systems. Pediatrics. 133. E1451–E1460. 10.1542/peds.2014–0318.

This toolkit is intended to be used by school health professionals and community health care providers who wish to improve their bidirectional communication processes to support care coordination for chronic condition management in schools. Securing consent from a family to share information is only part of the puzzle in successfully coordinating care across sectors. Trusting relationships, systematic communication norms and family engagement are also critical. The resources in this toolkit seek to address those goals.

As schools and health care providers consider improvements to their information-sharing processes, we encourage teams to review the resources provided in this toolkit to better understand current processes, needs and gaps; approaches to protect student and patient privacy and confidentiality when sharing information; and best practices for communicating with and centering families and students in this work.

If you have questions about the information-sharing consent form template, the Implementation Toolkit, or how to use these resources, please contact us at SchoolHealth@aap.org.

Commonly Asked Questions About Improving the Information-Sharing Process Between Schools and Health Care Providers

This document seeks to address commonly asked questions as schools and health care providers partner to coordinate care and share critical information about shared students/patients. The two main federal privacy protections of relevance to this information are the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

1 Why is collaboration between schools and health care providers important?

Children spend most of their waking hours at school. Effective collaboration requires sharing of health-related information between health care providers and schools and is critical to ensure that students receive comprehensive coordinated care, while respecting privacy laws. The provision of care coordination has been associated with improved patient and family satisfaction, reduced unplanned hospitalizations and emergency department visits, improved school attendance and decreased health care costs.[1]

2 What is the role of parents/families in this collaboration?

Parents and families are experts in their children's care. It is essential to maintain a family-first mentality for this collaboration to be successful. To build trust in these relationships, schools and health care providers should include youth and families early and often throughout the development and implementation of this process.

3 How can schools and health care providers improve communication?

Schools and health care providers can improve communication by establishing clear protocols for information sharing, using secure communication channels and ensuring both parties understand relevant privacy laws. Additionally, having mutual respect for each other's knowledge, skills and experience and mutual understanding of the work culture, environment and processes of school and clinic practices is key. Regular meetings and training sessions help foster mutual trust and collaboration.

4 What best practices strengthen school-health care collaboration?

Best practices include holding regular joint meetings, conducting cross-training sessions on FERPA and HIPAA, establishing clear referral and follow-up pathways and using secure, efficient communication channels. Building relationships between school nurses, school counselors, school social workers, school psychologists and local health care providers fosters stronger coordination, improved student well-being and shared decision-making.

5 What are FERPA and HIPAA?

FERPA (Family Educational Rights and Privacy Act) protects student education records and personally identifiable information (PII) within schools. HIPAA (Health Insurance Portability and Accountability Act) safeguards protected health information (PHI) handled by health care providers. Both ensure confidentiality but have different scopes and exemptions.

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1. Turchi, Renee & Antonelli, Richard & Norwood, Kenneth & Adams, Richard & Brei, Timothy & Burke, Robert & Davis, Beth & Friedman, Sandra & Houtrow, Amy & Kuo, Dennis & Levy, Susan & Turchi, Renee & Wiley, Susan & Kalichman, Miriam & Murphy, Nancy & Cooley, William & Jeung, Joan & Johnson, Beverly & Klitzner, Thomas & Sia, Calvin. (2014). Patient-and Family-Centered Care Coordination: A Framework for Integrating Care for Children and Youth Across Multiple Systems. Pediatrics. 133. E1451–E1460. 10.1542/peds.2014–0318.

6 When does FERPA apply?[2]

FERPA applies to all educational agencies and institutions that receive federal funding from the U.S. Department of Education, including all schools participating in the Free and Reduced Lunch Program. Private and religious schools are often exempt from FERPA. It protects students' education and school health records and requires written parental consent before disclosing PII, except in specific circumstances, and involves all school-employed staff, including school nurses.

7 When does HIPAA apply?[3]

HIPAA applies to health care providers, health plans and other covered entities that transmit health information electronically. It protects the privacy and security of individuals' PHI and generally requires written authorization before disclosure. Community health care providers are generally covered under HIPAA.

8 Can schools share student records with health care providers without consent?[4]

Under FERPA, schools can share student records without parental consent in certain situations. These include emergencies where disclosure is necessary to protect the health or safety of a student or others or when school staff members have a "legitimate educational interest."[5] It is best practice to discuss shared information with families even when it is not required by law.

9 Can health care providers share patient records with schools without consent?[6]

Under HIPAA, health care providers can share patient records without consent when communicating with other health care providers—including school-based professionals—for treatment purposes, during emergencies or when there is an imminent threat to a patient's health or safety. Minor consent laws vary by state, dictating specific types of medical information that are confidential for the adolescent and require their authorization to be shared. Outside of those specific circumstances, it is best practice to discuss shared information with families even when it is not required by law.

10 What steps support compliance with privacy laws?

Except in special circumstances such as those discussed in 8 and 9 above, compliance with FERPA and HIPAA requires obtaining the necessary consent before sharing information, training staff on legal requirements, and establishing clear policies and procedures for handling student and patient records. Schools and health care providers should also ensure secure data storage and transmission methods.

11 How should emergencies be handled under these laws?

Both FERPA and HIPAA allow for information sharing in emergencies when necessary to protect a student or patient's health and safety. Schools can disclose relevant education records, and health care providers can share necessary medical information to facilitate immediate care. Clear emergency response protocols should be in place.

12 Do School-Based Health Centers fall under HIPAA or FERPA?

Records from a School-Based Health Center (SBHC) may fall under FERPA or HIPAA, depending on the relationship between the SBHC and the educational agency. This case-by-case determination may consider factors such as what services the SBHC provides, who funds the services and who oversees the SBHC administratively and operationally. SBHC teams and schools are encouraged to consult with administrators and attorneys for further guidance on which privacy laws apply.

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2. US Department of Education "Protecting Student Privacy," accessed May 15, 2025, https://studentprivacy.ed.gov/ferpa
3. US Department of Health and Human Services "Health Information Privacy," accessed May 23, 2025, https://www.hhs.gov/hipaa/for-professionals/privacy/index.html
4. US Department of Health and Human Services "Joint Guidance on the Application of FERPA and HIPAA," accessed May 23, 2025, https://www.hhs.gov/hipaa/for-professionals/special-topics/ferpa-hipaa/index.html
5. US Department of Education "Protecting Student Privacy," accessed May 15, 2025, https://studentprivacy.ed.gov/ferpa
6. US Department of Health and Human Services "Joint Guidance on the Application of FERPA and HIPAA," accessed May 23, 2025, https://www.hhs.gov/hipaa/for-professionals/special-topics/ferpa-hipaa/index.html

Bidirectional Consent: Planning and Implementation Checklist

This checklist may be used to guide your team as you create or update forms and processes for Family Educational Rights and Privacy Act (FERPA)- and Health Insurance Portability and Accountability Act (HIPAA)-compliant consent to facilitate information sharing between schools and health care providers.

As you plan and implement improvements that are most relevant and useful in your unique context, consider starting small.

- **It's OK to begin with just one or a few of these steps**. We encourage you to begin with assembling a team (step 1) and then pick one element from your environmental scan (step 2) or process map (step 5) to improve upon.
- **You may wish to pilot improvements with a specific community,** for example one school, one class or one target population, such as students with food allergies.
- **Consider using a Quality Improvement (QI) framework,** including Plan Do Study Act (PDSA) cycles. If you are not familiar with QI frameworks, view the supplemental lesson on QI in the AAP TEAMS Course.

Checklist Steps

1. **Assemble your team.** Depending on what your initial goals, capacity and timeline are, your team may be small and focused or broad and holistic, including those within the school and health care sector as well as in the community, as needed.
    a. Partners to engage may include students, caregivers/parents, educators, school-based clinicians (nurses; mental health clinicians, including school counselors, school social workers and school psychologists; school-based health center clinicians, if relevant), community health care providers, administrative personnel (from schools and health care) and lawyers (*see sub-bullet 1c*).
    b. If your school or health care partner serves a broad demographic, consider engaging multiple perspectives among students and families. This may include families of different backgrounds as well as students with differing abilities or health care needs as these contexts often shape a family's experience with and perspective on information sharing and coordination of care.
    c. If your work includes creating or updating consent forms, it is important to develop a relationship with a legal resource to ensure compliance with HIPAA and FERPA, as well as relevant state law. This may include a state or local legal consultant or a community organization partner.

2. **Conduct an environmental scan** of your current processes and people involved in consent and data sharing. Bidirectional Communication Environmental Scan may be a helpful resource.

3. **Consider what needs you are solving for with a bidirectional consent form and process.** For example, are you targeting opportunities to better coordinate care for high-needs students/patients? A school, health care or community-wide effort to improve a particular outcome (e.g., school attendance or immunization rates)? A general commitment to improving coordination of care for all students? Something else? These questions may help you define specifics for form(s) and their rollout as well as potential phases of implementation.

4. **Collect all existing consent forms and processes.** In many communities, existing consent forms and processes are already in place. You may wish or need to start from such existing form(s) or elements of form(s) that work and use this template developed by the American Academy of Pediatrics (AAP) and National Association of School Nurses (NASN) to consider improvement or enhancement opportunities.

5. **Develop a process map**[1] for your ideal flow when leveraging a bidirectional consent form and process. When creating your process map, consider questions like:
    a. Who will distribute the form? Is there one party (e.g., the school or health care provider) that could request the form be signed, or might the family have access to it from multiple parties?
    b. Has the person distributing the form been trained or given resources on how to talk about the coordination of care and information sharing between schools and health care providers?
    c. When will the form be administered? Will this be at a standard time of the year (e.g., during school enrollment) or as needed?
    d. How will it be administered? As a stand-alone form or part of an enrollment package? On paper or electronically?
    e. To whom will it be administered? All students? Target population of students? Proactively (before there is an immediate issue) or at the time of need for a specific conversation?
    f. Once completed, how do these consent forms get shared with other partners (e.g., from school to health care provider) as appropriate?
    g. How, where and by whom will consent be documented? Where will blank and completed forms be stored?

6. Depending on the outcome of your environmental scan, current forms and processes and key needs being targeted with a bidirectional consent process, **discuss and determine key policy decisions related to your bidirectional consent form and process.** The template, Consent for Communication and Information Sharing Between School and Health Care Teams, references several opportunities to customize the form and process.
    a. For example, how long will this consent be valid? Will individual school or health care personnel be required to be named on the form?
    b. If you wish to make the form more specific and allow families to be more explicit about which information they give consent to have shared, options might include:
        i. FERPA: Information about my child's health, school performance, attendance, behavior, IEP/504 plan or another specific item.
        ii. HIPAA: Information about my child's physical health, mental health, immunizations, food or drug allergies, laboratory and imaging results or another specific item.
        iii. A checkbox to indicate if the student participates in out-of-school activities like sports, intramurals or after-school programming and if their information may be shared with the coach or after-school program provider.

7. Use the results of your environmental scan and this Planning and Implementation Checklist to **develop a plan for change**.
    a. What community will be included in a pilot/trial? Consider starting small with one school, one class, one target population of students (e.g., students with food allergies).
    b. What processes in your workflow will you work on?
    c. What is the desired outcome of your pilot?
    d. How will you measure success?

8. **Develop a SMART aim** to help you measure the success of your pilot bidirectional communication improvement.
    a. Specific: Who and what?
    b. Measurable: How much change is expected?
    c. Attainable: Can it be accomplished given current resources and constraints?
    d. Relevant: Will it help you move toward your goal?
    e. Time-bound: Does it provide a timeline for when the objectives will be met?

1. Institute for Healthcare Improvement, "QI Essentials Toolkit: Flowchart" accessed June 2, 2025 https://www.ihi.org/sites/default/files/QIToolkit_Flowchart.pdf

Bidirectional Communication Environmental Scan

Important factors such as the people, processes, resources and culture of your care setting will shape how you make improvements in bidirectional communication with your partners. In this document there are a number of questions to help you consider the team members, communication and consent documents and related workflows currently in place. You may wish to use these results to guide your improvement efforts and to inform your next steps as outlined in the Planning and Implementation Checklist. You may revisit this to evaluate your improvements and areas for ongoing effort.

Questions to Consider	Yes/No	Comments/Thoughts for Improvement & Next Steps
Team (school): Have you considered all the members of your internal team to work on bidirectional communication? Consider students, educators, school-based clinicians (nurses, school counselors, school social workers, school psychologists, school-based health center clinicians, if relevant), administrative personnel (from schools) and school board or other leadership.		
Team (health care/community): Have you considered all the partners to make your bidirectional communication project successful? Consider caregivers/parents, community-based organizations, health care providers, administrative personnel (from health care) and lawyers.		
Team (representation): Have you considered including internal and external team members who represent a variety of perspectives and special needs? Consider demographics, language needs, access to community care, and families of children with special health care needs.		
Legal: Have you consulted with administrators and others to determine what legal concerns exist in your setting and what legal counsel is available to you for this work? It is important to engage attorneys with experience in HIPAA, FERPA and state regulations early in the work.		
Current Documents: Have you reached out to your partners to collect all the consent forms that are currently sent or received when health care communication or information exchange is required?		
Workflow Documentation: Do you have a workflow documented in a policy or procedure currently?		

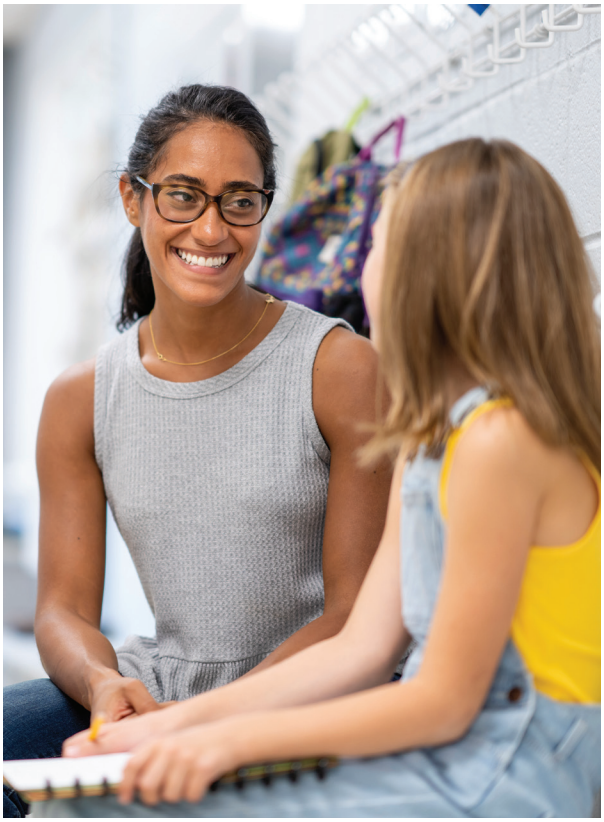
Questions to Consider	Comments/Thoughts for Improvement & Next Steps
Current Consent Form Process: • Who distributes the forms? In what circumstances? When? How often? • For how long are they valid? • How do the forms get returned? • Where is consent documented? • Where are signed consents stored? • How does your team share the forms with partners as needed before communicating about the student? • Are family members notified of the communication before or after? • Is there a different process for phone calls vs. meetings?	
Strengths: What works with your current consent documents and information-sharing process?	
Areas for Improvement: What are the gaps that you, families or your internal or external partners have encountered in everyday practice? Have you calculated a rough percentage of students/patients for whom you have consent forms on file?	

Five Things to Remember About FERPA, The Family Educational Rights and Privacy Act

1. When the school maintains health records, they are considered part of a student's education record and are covered by FERPA, the Family Educational Rights and Privacy Act.

2. When considering the privacy and confidentiality of student personal information, either FERPA or HIPAA may apply **but not both**. Education records covered under FERPA are excluded from HIPAA.
   - School nurses and other school staff generally follow FERPA.
   - Community health care providers generally follow HIPAA.

3. Schools can share Personally Identifiable Information (PII) about a student with a health care provider with a signed FERPA-compliant consent form from the guardian or the student if they are 18 or older. They may also share the information **without** signed consent in the following situations:
   - If the information is de-identified; or
   - In emergency situations if necessary to protect the health and safety of the student or others in the face of a specific and significant threat; or
   - In an effort by school staff to verify or clarify information provided by a health care provider.



4. School staff must follow district-specific information-sharing rules, state confidentiality and privacy laws and any other federal laws that may apply to information sharing under more specific circumstances. School staff with questions may consult the district consulting physician, school legal counsel, the special education department or educational leadership.

5. Privacy and confidentiality laws around educational records are designed to give control of information sharing to the family. It is best practice to consult with the family when information is being shared about their child, even if consent is not required or you already have consent. It is critical for care team members to be aware of the regulations at the district, state and federal level.

Note for School-Based Health Centers

Records from a School-Based Health Center (SBHC) may fall under FERPA or HIPAA, depending on the relationship between the SBHC and the educational agency. This case-by-case determination may consider factors including what services the SBHC provides, who funds the services and who oversees the SBHC administratively and operationally. SBHC teams and schools are encouraged to consult with administrators and attorneys for further guidance on which privacy laws apply.

Five Things to Remember About HIPAA, The Health Insurance Portability and Accountability Act

1. When considering the privacy and confidentiality of student personal information, either FERPA or HIPAA may apply **but not both**. Education records covered under FERPA are excluded from HIPAA.
   - School nurses and other school staff generally follow FERPA.
   - Community health care providers generally follow HIPAA.

2. Community health care providers can share Protected Health Information (PHI) with a school with a signed HIPAA-compliant consent form from the guardian or the student if they are 18 or older. They may also share the information without signed consent IF:
   - The information shared is de-identified; or
   - The information may prevent or lessen a serious and imminent threat to the school; or
   - The information may help identify, locate and notify family members, guardians or others responsible for the patient's care during school hours. The shared information should be limited to the patient's location, general condition or death; or
   - The information being shared is related to a specific treatment plan.

3. While treatment plans may be shared without consent, other elements of a well child check or medical record *may* require consent to be shared. School and community health care provider teams should inquire into state or local laws and regulations that may address additional shared elements.

4. School staff can clarify medical orders or other aspects of a health care treatment plan from a health care provider without signed consent.

5. Privacy and confidentiality laws around health records are designed to give control of information sharing to the family or to the adolescent patient themselves whenever possible and where it is most appropriate. Minor consent laws vary by state, dictating specific types of medical information that are confidential for the adolescent and require their authorization to be shared. Outside of these specific scenarios with adolescent patients, it is best practice to consult with the family in all situations when information is being shared about their child even if consent is not required, or you already have consent.

Resources

- US Department of Health and Human Services and US Department of Education Joint Guidance on Application of FERPA and HIPAA, https://www.hhs.gov/sites/default/files/2019-hipaa-ferpa-joint-guidance.pdf
- Network for Public Health Law Data Sharing Guidance for School Nurses. Data-Sharing-Guidance-for-School-Nurses-with-Appendices-1-23-2020.pdf
- National Association of School Nurses webinar "School Health Data Sharing Across Sectors" https://learn.nasn.org/courses/60180
- National Association of School Nurses webinar "Data Privacy for School Nurses 2023: Navigating the Complex Minefield of Privacy Laws" Data Privacy for School Nurses 2023: Navigating the Complex Minefield of Privacy Laws | NASN Learning Center
- Abigail English, 2023 National School-Based Health Care Conference, Washington, DC, June 27, 2023, "HIPAA, FERPA, and School Health Confidentiality & Information Sharing in School-Based Health Care"

Script to Explain to Families the Consent for Communication and Information Sharing Between School and Health Care Teams

It is important for the precise legal wording of HIPAA and FERPA to be included on the information-sharing consent forms. It should not be adapted by the user. Therefore, the script below is a tool school health professionals can use to explain to families, in plain language, the purpose and goals of the *Consent for Communication and Information Sharing Between School and Health Care Teams*.

Script for school staff/health care team to read to families:

The goal of this form is to allow the school and your child's health care team [or name specific staff] to share information with each other. This can help keep your child healthy and safe at school. It can also save you time by not having to go back and forth between the school and health care team on your own.

The consent forms will need to be re-authorized every [specify time frame].

We can work together to decide who can share information and what types of information can be shared. Whenever possible, we will include you in any of the conversations about your child. If we cannot reach you to include you in the moment, we can contact you when we share information.

Giving consent for communication [with your child's health care team/school] is optional and not needed for school enrollment or health care. You can cancel this consent anytime with a written note. What questions do you have for me?