

Student Educational Records**Health Information Records**

Student health information includes information required by state law such as:

1. Mandated immunizations;
2. Health and physical assessment data;
3. Health screenings for vision, hearing, scoliosis or cholesterol;
4. Injury reports;
5. Incident reports of alcohol or drug use in school;
6. Health assessments and other evaluation reports related to eligibility for services under the IDEA and Section 504; and
7. Referrals for suspected child abuse.

Student health information may also include:

1. Records of student-initiated visits to the school health officer, including assessments, interventions and referrals;
2. Records of meetings between education and health professionals for planning or identifying assessment measures, recommended interventions and student outcomes;
3. Records for in-school medication, including original signed orders from a physician, written consent from parent/guardian to administer drug, medication logs for both routine and as-needed medications;
4. Physicians' orders, correspondence, evaluation reports, copies of treatment records, institutional or agency records, discharge summaries from outside health care providers or hospitals that have been released by parents/guardians to assist in planning individualized school health care or programs;
5. Evaluation reports or specialized assessments such as neurological tests;
6. Individualized emergency care plans for students with special health care needs, including routine and emergency interventions and methods for evaluating student outcomes;
7. Health-related goals and objectives or an Individualized Healthcare Plan or part of a student's Individualized Education Program (IEP) for students whose health conditions affect their educational needs;
8. Psychologists' or guidance counselors' records of psychological test results, student interviews and counseling, consultations with school staff or parents/guardians, and referrals and consultation with outside counselors, therapists, psychologists or psychiatrists, all of which might be considered "mental health" records;
9. School social workers' case histories, counseling notes and interviews, or their records of consultations with school staff, parents/guardians, outside counselors, therapists, psychologists or psychiatrists; and
10. Case notes, evaluations and interventions by other student services personnel.

Regulation 2410 Page 2

All information contained in a student's health information records, except information designated as directory information by the District, shall be confidential and shall be directly accessible only to school officials who demonstrate a legitimate educational interest in the student health information and to parents/guardians or eligible students.

Interviews with students, parents/guardians or staff members concerning student health information should take place in private offices. When student health information is discussed over the telephone, calls should be made from private offices, not in the presence of other students or staff members.

Discussion or confidential information related to a specific student should end whenever a third party enters a room. Records containing student health information should never be left on top of a desk, nor should confidential information be left as a message with a secretary, on voice mail or answering machines, or on an electronic mail system. When records are being typed, entered into a computer, copied or faxed, they should be protected from casual observers.

The District will comply with all state and federal law pertaining to the confidentiality of student health information.