

The Student Health Collaboration

IMPROVING COMMUNICATION. ENHANCING STUDENT HEALTH.

Nemours

Dear Parent/Guardian:

Nemours providers and Delaware school nurses are teaming up to offer you the Student Health Collaboration. This joint program was created to provide you with the option of allowing the school nurse the ability to log into your child's Nemours electronic medical record using a secure computer link. With your consent, the school nurse can then view information important to your child's care, such as:

- Health care plans such as allergy, asthma, diabetes, and seizure action plans
- Medications and how to use them
- Discharge plans for Emergency Department visits
- Letters for absences or to clear a student for PE class

Other important things for you to know are:

- The school nurse is an extension of your Nemours healthcare team and can see most of your child's medical record. There are exceptions such as psychology notes from Nemours behavioral health. They also cannot see information from visits with the adolescent specialists or billing/insurance information.
- For added safety, Nemours keeps track of everyone who looks at the medical records and what they view.
- This program lets school nurses and providers share health information.
- This program is optional. You do not have to participate. School nurses can see a child's medical record only if the legal guardian signs the special authorization form.

If you are interested in signing up your child, here is what you should do:

- Get an authorization form from the school nurse's office or from your Nemours provider. Sign it and return it to your school nurse or Nemours provider.
- The authorization form is valid through June 30 of the current school year. You can write in a different expiration date on the form if your child is attending summer school.
- You must sign a new form when a new school year begins.

Remember, as the parent, and a vital member of your child's care team, your input is very important. Stay in touch with the school nurse. Tell them right away about any changes in your child's health or medicine. If you have any questions about this program, please talk with your child's school nurse or Nemours provider.

Thank you,

Your School Nurse/Your Nemours Provider



Making It Easier for School Nurses to *Care for Your Child*

Some children with health problems must visit the school nurse every day. The school nurse checks on them, treats them, and tracks their progress. The nurse needs help from parents or guardians to do their job. The nurse also needs to know what a child's health care provider recommends.

Nemours is making it easier for school nurses who work in Delaware public schools to be a part of your child's care team. They can log on to NemoursLink®, our electronic medical records system, with their computer. There, they can see a child's plan of care and information about almost every visit to Nemours/Alfred I. duPont Hospital for Children or a Nemours Pediatrics office. School nurses can only view a child's records if a parent or guardian has signed a form in advance.

Delaware school districts signed up to participate so that school nurses can connect to Nemours information about students at their school. The program that makes this possible is called The Student Health Collaboration.

What is NemoursLink®?

NemoursLink® is a secure way for Nemours to share medical information with community medical providers.

What records can the school nurse see?

With NemoursLink®, a school nurse can see most things that happen when a Nemours provider treats a child. For example, the school nurse can see notes from the doctor, an asthma action plan, can find out about medicines and how to use them, and can see lab and imaging reports. If a doctor says a child can miss school or PE, the nurse can see the letter, but cannot see records from behavioral health or psychiatric visits.

Is my child's medical information safe?

Before anyone can see your child's health record, you must sign a form and return it to the school nurse or a Nemours provider. It allows approved school nurses to see your child's medical record. For added safety, Nemours keeps track of everyone who uses NemoursLink® and what they view.

How long will my child's form be valid?

Only through June 30 of the current school year. You must sign a new form if your child will attend summer school, or if not, before the new school year begins.

Must I participate?

No. You can decide whether or not to sign up for your child. If interested, ask your school nurse or Nemours provider for a form.

Why should I sign up?

The more school nurses know, the more they can do to help. NemoursLink® connects them to information from the Nemours experts who care for your child. Please note that your input is very important. Stay in touch with the school nurse. Tell them right away if your child's care plan or medicine changes – and anything else you think they should know.

For more about the *Student Health Collaboration program*, talk to your school nurse or Nemours provider.



Please fill out
and return to school nurse
ASAP



STUDENT HEALTH INFORMATION

AUTHORIZATION TO USE/DISCLOSE PROTECTED HEALTH INFORMATION AND EDUCATION RECORDS

Student's Name: _____ Date of Birth: _____ MR# _____
(Staff to Complete)

Phone: _____ Address: _____

USE AND DISCLOSE MEDICAL AND / OR EDUCATION RECORDS BETWEEN:

Facility or Name: Nemours/Alfred I. duPont Hospital for Children	District Name: <u>RCESD</u>
Address: 1600 Rockland Road	School Name: <u>WARNER ELEMENTARY</u>
City/ST/Zip: Wilmington, DE 19899	Address: <u>801 W. 18th St.</u>
Phone #: _____	Phone #: <u>WILMINGTON, DE 19802</u>
	Fax #: _____

Authorization

1. I authorize the school nurse and Nemours medical personnel to discuss and share educational records and health information.
2. I understand the school nurse will have access to both treatment and non-treatment related information in my child's medical record.
3. I may revoke this authorization at any time by providing written notification to the addresses listed above for Nemours and my school.
4. I understand that my revocation does not affect any disclosures made prior to the revocation being received and processed.
5. I understand that signing this authorization is strictly voluntary.
6. I can request a copy of this form after I sign it.

EXPIRATION DATE: This authorization will expire at the completion of the current school year (August 15), unless an earlier date is specified: _____

Patient/Guardian/ Representative Signature*: _____ Date: _____

Patient/Guardian/ Representative Printed Name: _____ Relationship to Patient: _____

Witness Signature: _____ Date: _____

* Parent or eligible student as required and defined by Family Education and Privacy Rights Act (FERPA)