

CYBHI

Children and Youth
Behavioral Health Initiative



Navigating HIPAA and FERPA for Integrated School Behavioral Health Services

Part Two: HIPAA/FERPA in Practice Illustrative Cases A & D



Part 2 of 3

Part One: Toolkit Overview and Application

Part Two: Illustrative Cases (A & D)
October 23, 2025 | 2:00pm-3:30pm

Part Three: Illustrative Cases (B & C)
November 5, 2025 | 2:00pm-3:30pm

What You Should Know

This material is provided for informational purposes only and does **not** constitute legal advice. Local Education Agencies (LEAs) should consult with their own legal counsel to ensure compliance with applicable federal and state laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and related guidance such as the HIPAA-FERPA Joint Guidance Toolkit released by the U.S. Department of Health and Human Services (HHS). Each LEA is responsible for determining how confidentiality and data-sharing requirements apply to their specific policies, practices, and partnerships.

Introduction to Presenters



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Access the
Toolkit here:

[Navigating HIPAA and FERPA for Integrated
School Behavioral Health Services](#)



Part 1 Recap

Why this Toolkit matters
Contents and Use Cases
Intended Audience
Scope and Limitations

Tour through each section:

- Key terms and concepts
- FERPA and HIPAA Overview
- Commonly asked questions
- Case example overview
- Confidentiality and information sharing tools
- Appendices

What We'll Cover Today



Deep dive into 2 case studies
presented in the HIPAA/FERPA
Toolkit

Gain an understanding of the
sequence of actions involved in
care delivery

The role of school staff, providers,
parents/guardians, and students

Learn about whether and when
consent to data sharing
may be necessary

Case Examples in Toolkit

Health services
fully rendered and
claimed by LEA

Health services fully rendered
and claimed by independent
outside health provider

Example A

Staff employed by a **County Office of Education (COE)** deliver services to students on school campuses, fully funded by the COE. The COE bills eligible services to insurance where possible.

Example B

Staff employed by a **school district** deliver services to students on campus, fully funded by the district. The district bills eligible services to insurance where possible.

Example C

Staff from an **independent health care provider** deliver services to students on campus, on behalf of a school district (contracted). The **district funds the services and bills eligible services** to insurance where possible.

Example D

Staff employed by a **Medi-Cal provider contracted with the county Specialty Mental Health Services (SMHS) Program** deliver services to students off campus. The provider funds and bills insurance where possible.

Today's Focus

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Focus of Today

- Movement of information through stages from service delivery to reimbursement
- Is it FERPA or the HIPAA Privacy Rule?
- Releases of information

Focus of next presentation

- Compare and contrast Examples B and C
- Contracts
- “School official”
- FERPA or HIPAA Privacy Rule

Case Example A: Amir and Alpha County Office of Education

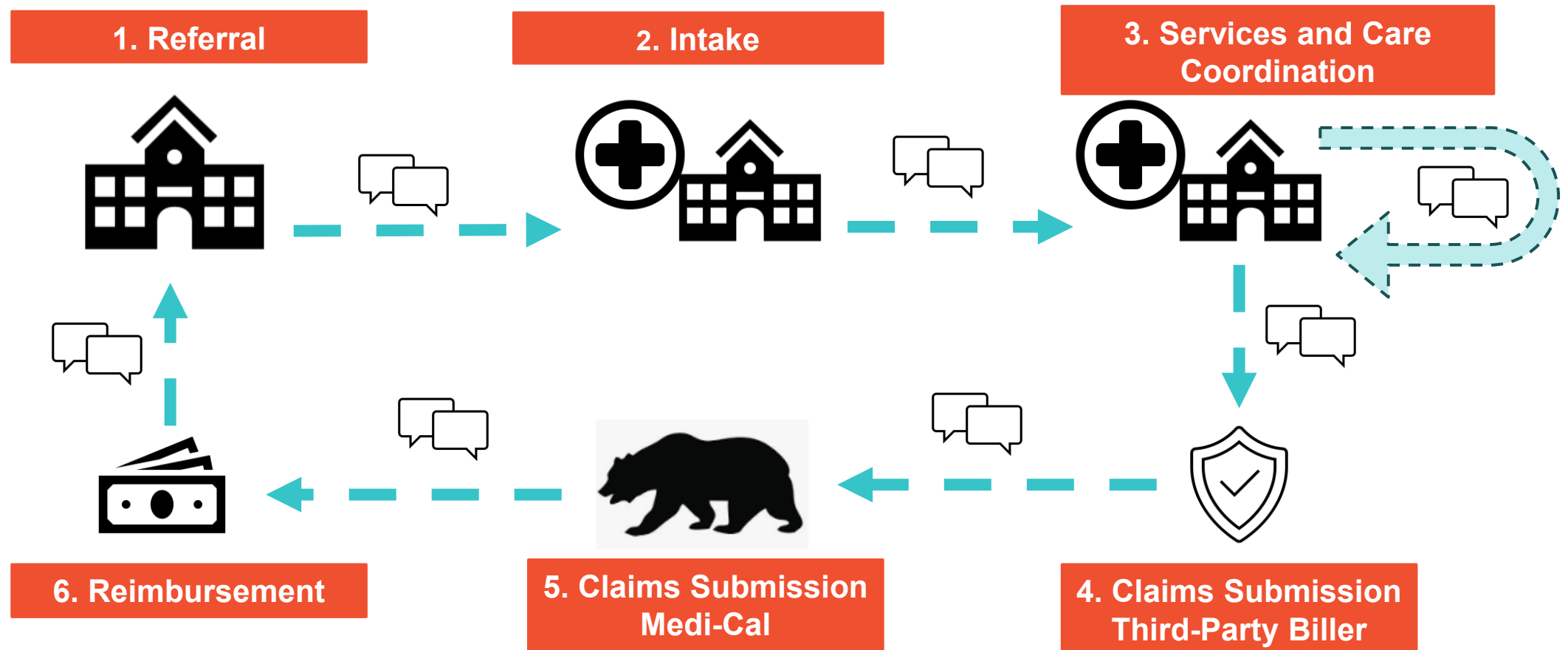


Example A

Staff employed by a County Office of Education (COE) deliver services to students on school campuses, fully funded by the COE. The COE bills eligible services to insurance where possible.

This example can be found in the HIPAA/FERPA Toolkit, Pages 308

Example A: Service and Reimbursement Journey



Reminder: Network Design and HIPAA/FERPA

The Network Design for service delivery tells us:

- Who provides the services
- Who funds the services
- What services are offered
- Who has operational and administrative control over service delivery

These factors help determine when FERPA, HIPAA, and other confidentiality and disclosure laws apply.

Example A: Alpha's **Network Design**

Service Providers

Alpha COE directly employs a licensed therapist and psychologist who deliver services to Alpha COE school district students on school campuses.

Reimbursement

If services rendered are eligible for reimbursement, Alpha COE's LEA Billing Coordinator will submit the necessary information from students' educational records to their ThirdParty Biller (TPB) to complete claims paperwork.

Services

Services include psychotherapy and MultiTiered Systems of Support (MTSS)50 Tier 1level prevention services such as psychosocial health education and mental health first aid.

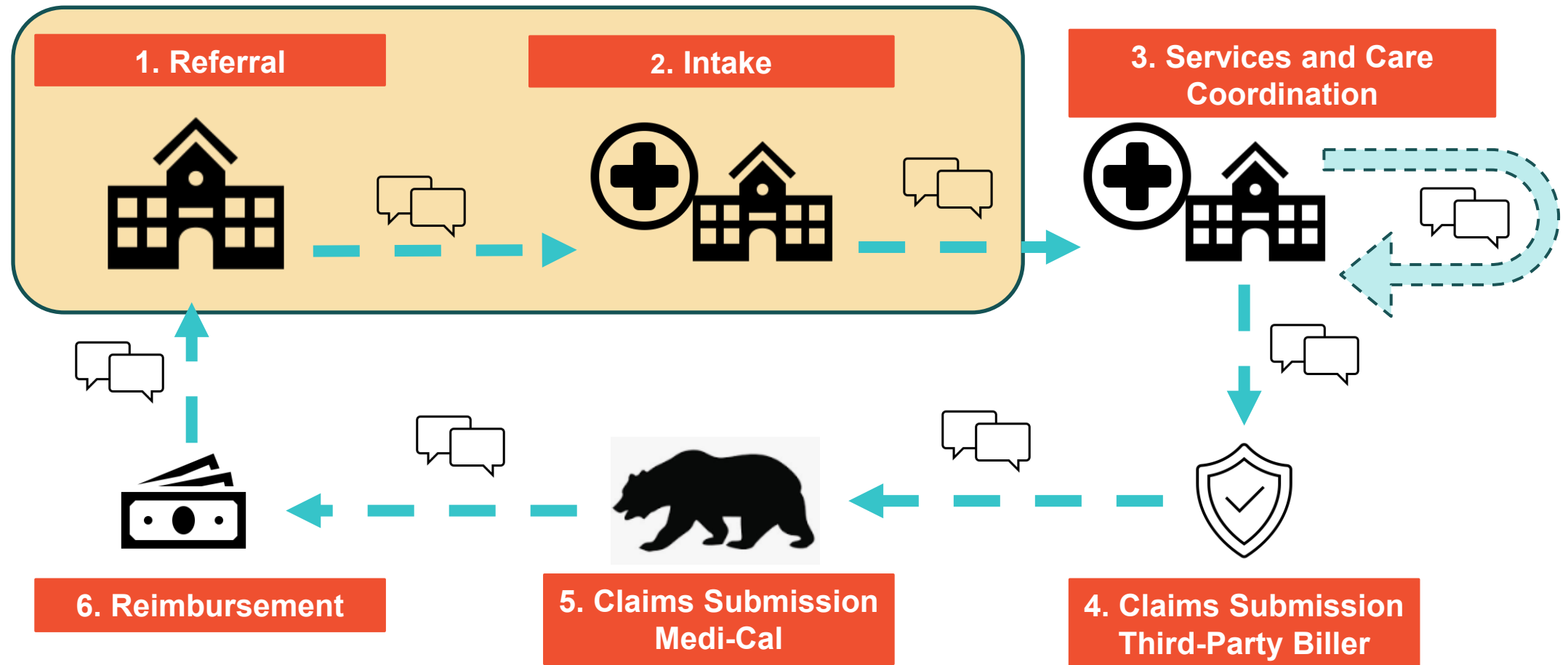
Example A: Alpha's **Contracts and MOUs**

Legal counsel for Alpha COE and its schools, including Apple Elementary, develop **contracts between Alpha COE and the schools**

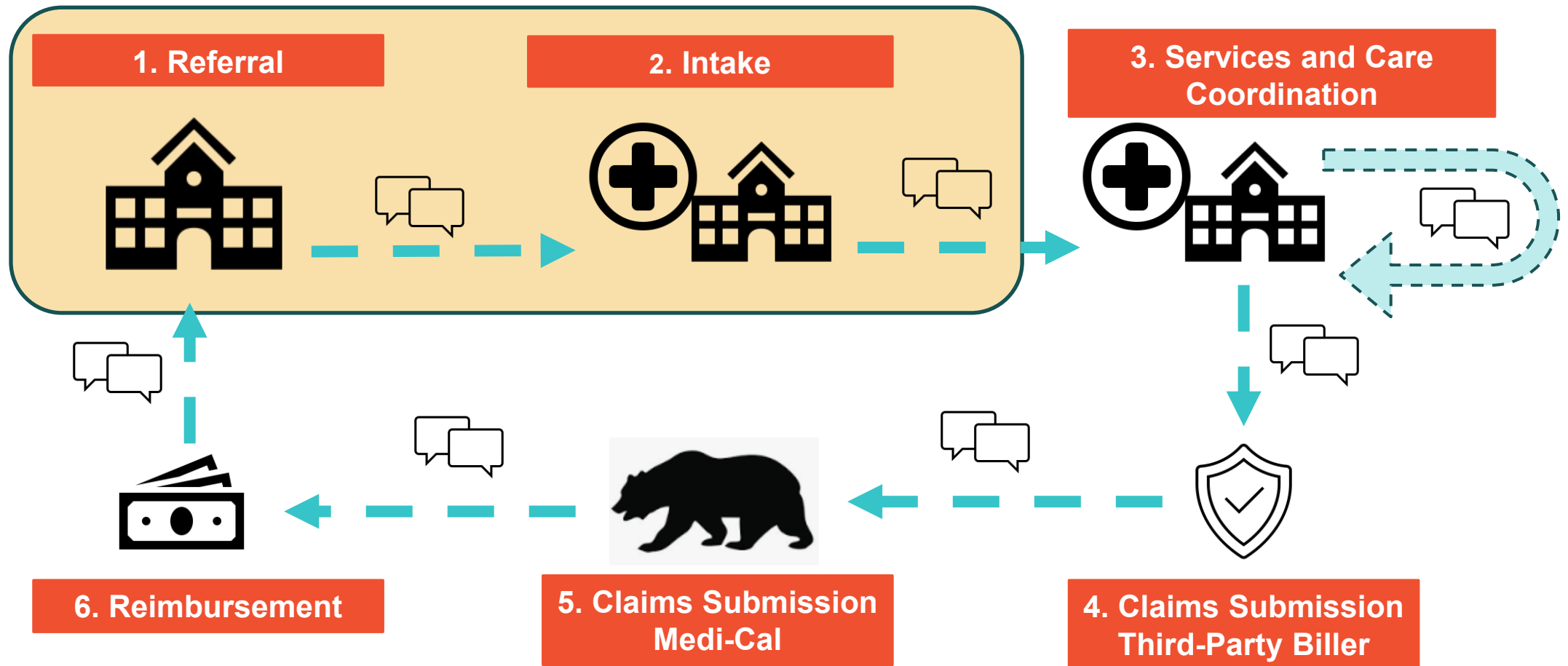
These outline the responsibilities of Alpha COE staff when they enter school campuses and provide services. They also address issues such as reimbursement and confidentiality.

Alpha COE and their TPB Vendor complete their own contracts as well as the ‘tri-party’ **Data Use Agreement (DUA)** provided by California DHCS, which outlines confidentiality and data sharing requirements. The DUA with DHCS establishes a HIPAA business associate relationship for purposes of data use and information exchange.

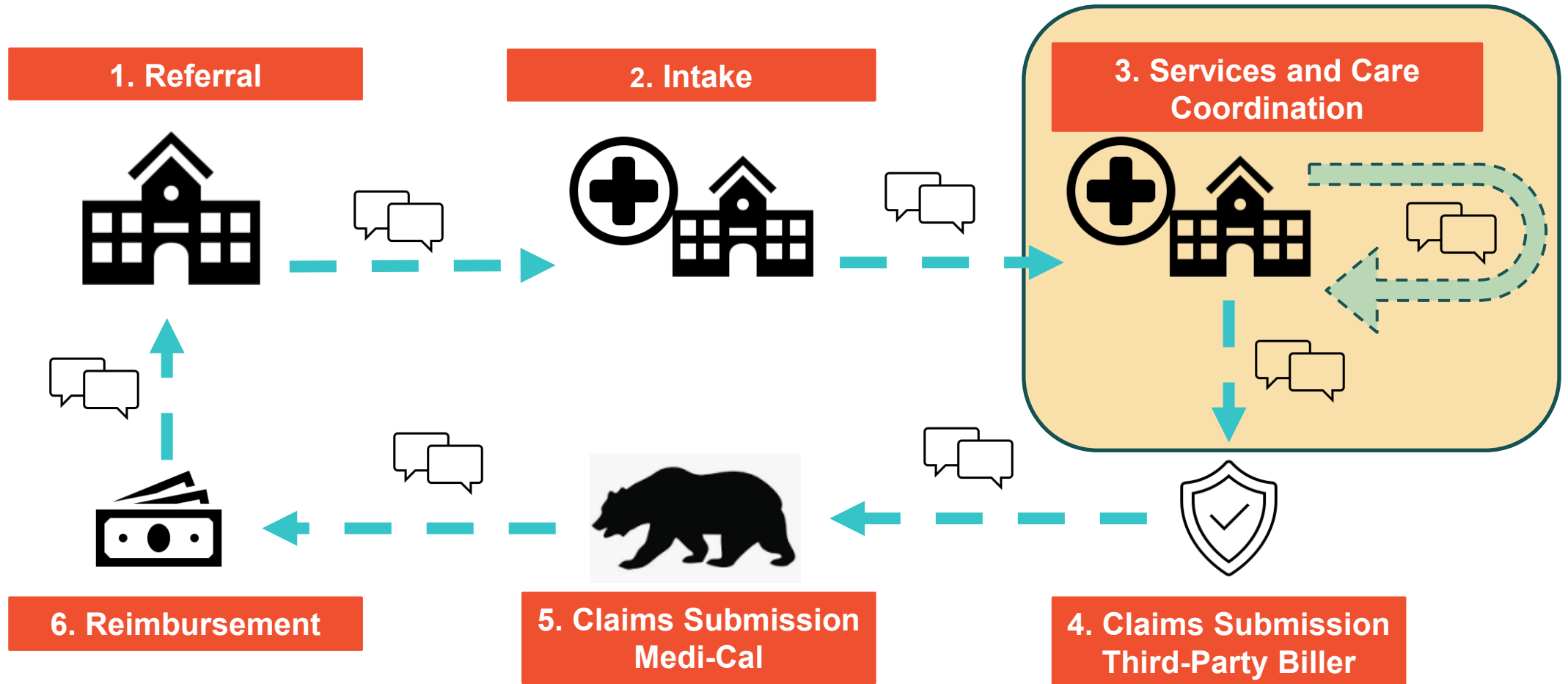
Example A: Does FERPA or HIPAA Privacy Rule control disclosures at intake and referral?



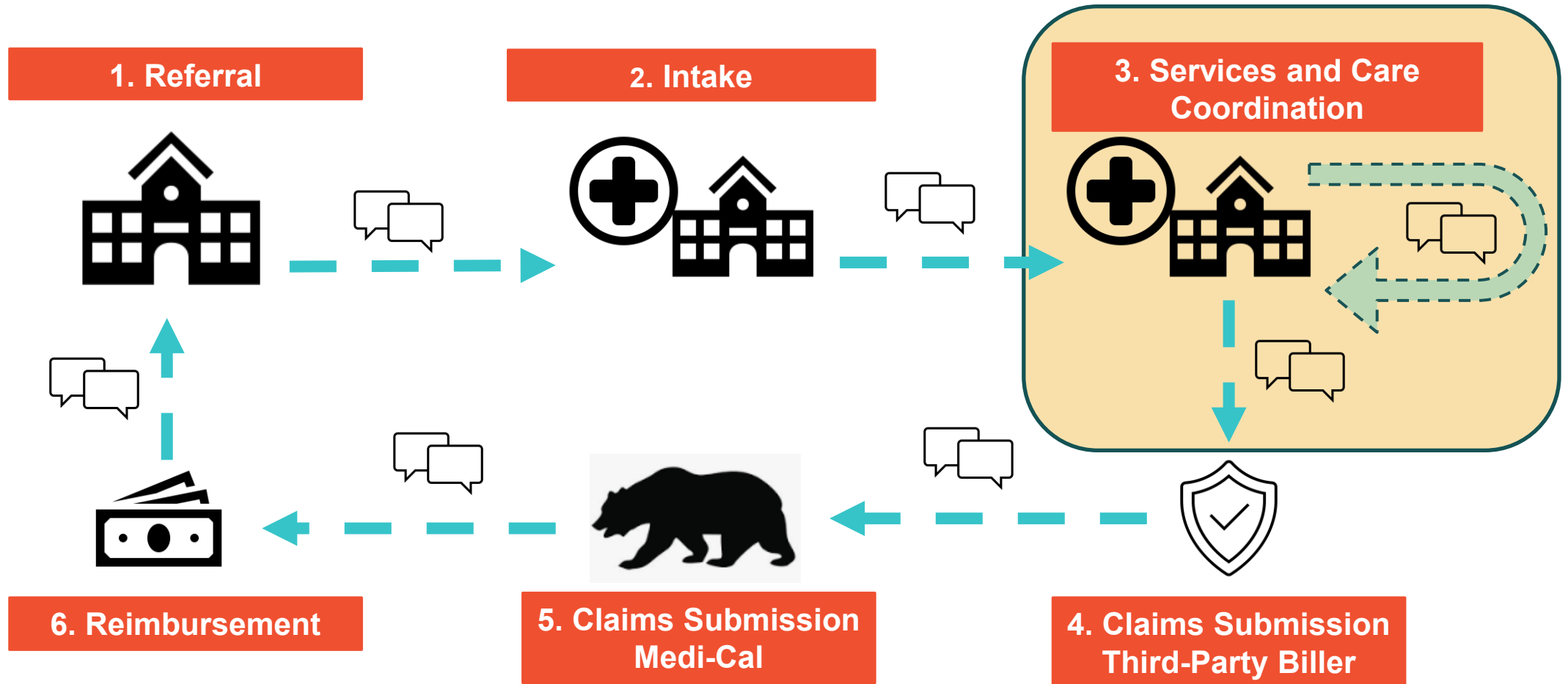
Example A: Does FERPA or HIPAA Privacy Rule control disclosures at intake and referral?



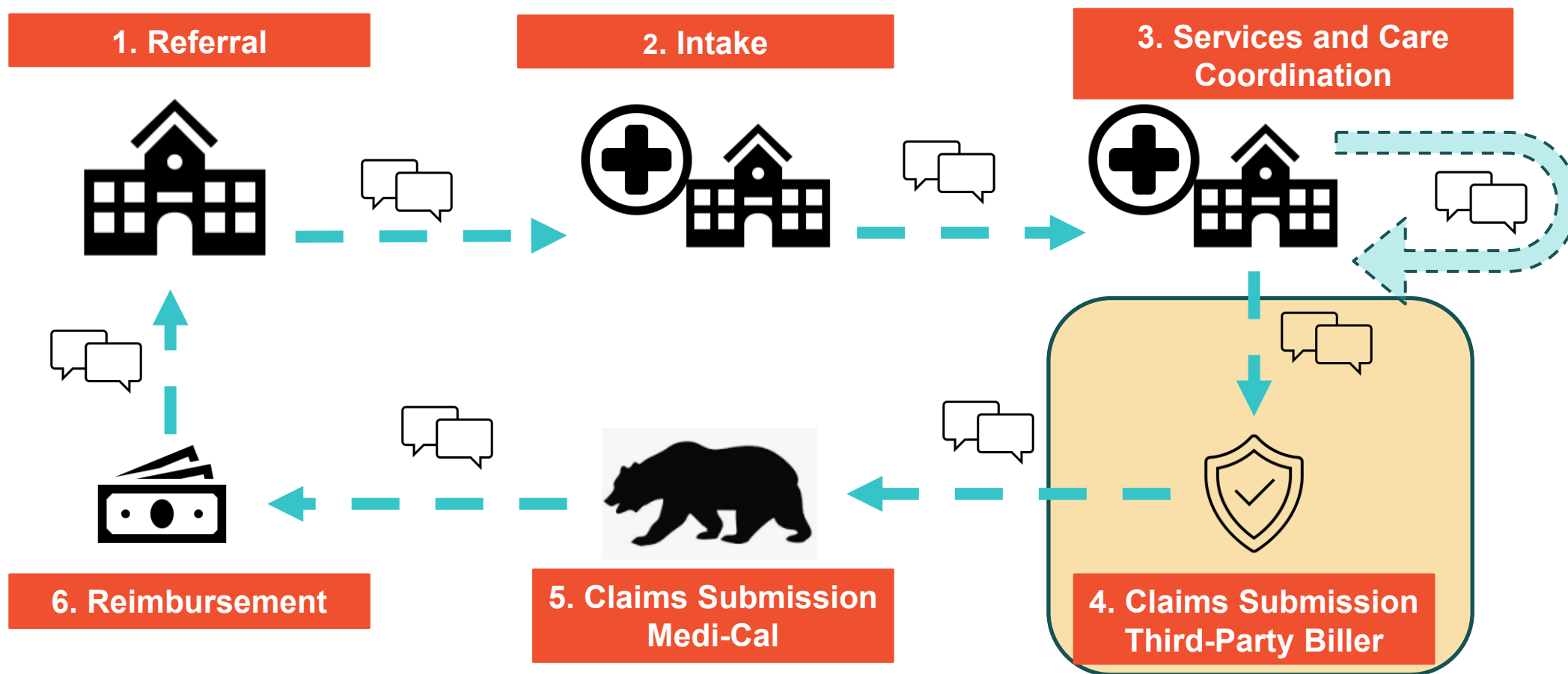
Example A: Does FERPA or HIPAA Privacy Rule control disclosures for services and care coordination?



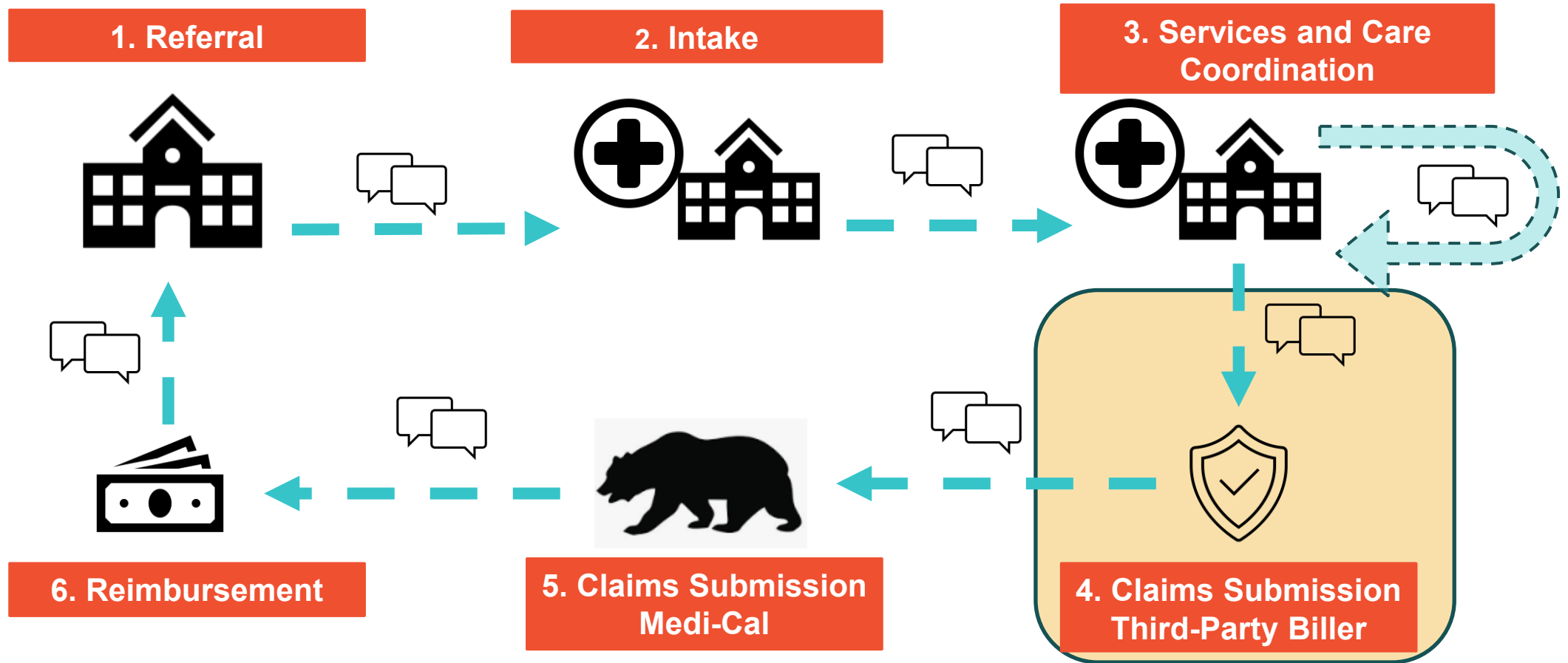
Example A: Is an ROI necessary for disclosures for services and care coordination?



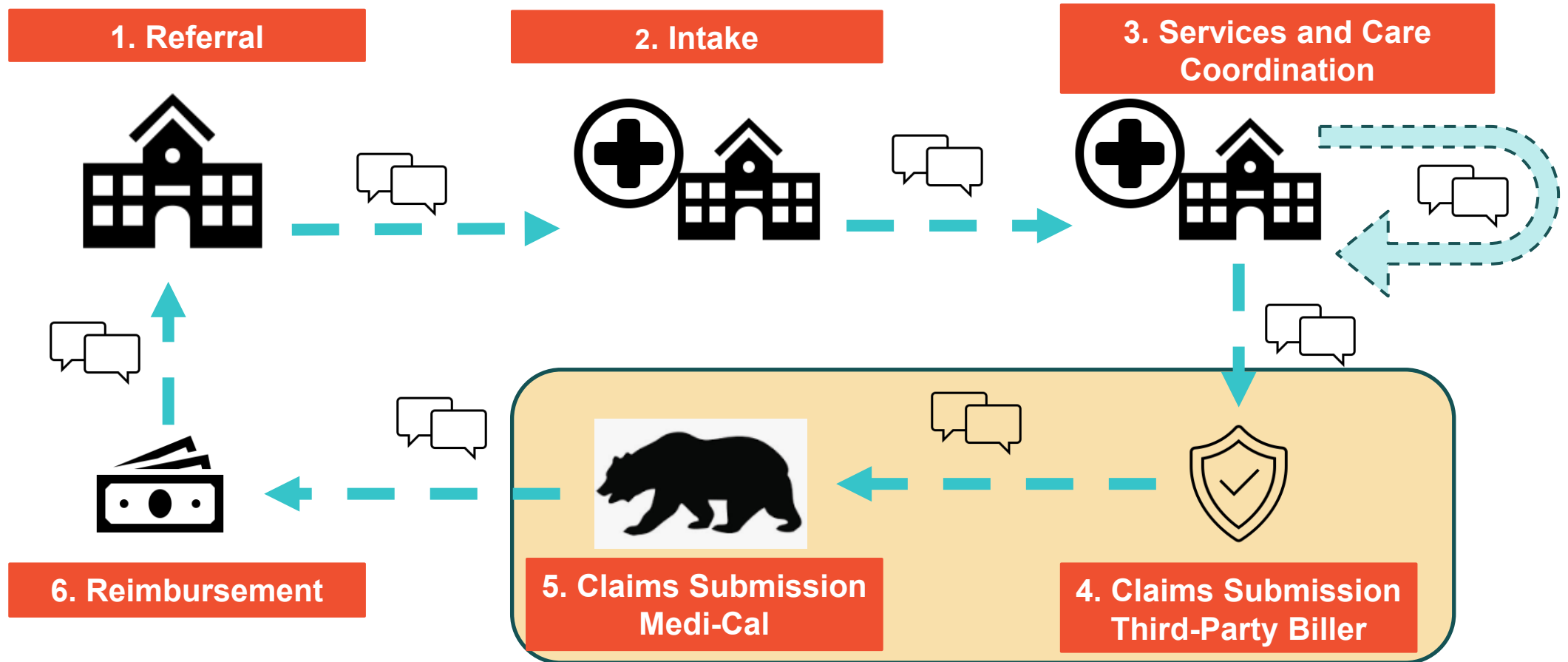
Example A: Does FERPA or HIPAA Privacy Rule control disclosures for claims submission?



Example A: Is an ROI necessary for disclosures for claims submission?



Example A: Is an ROI necessary for disclosures for claims submission?



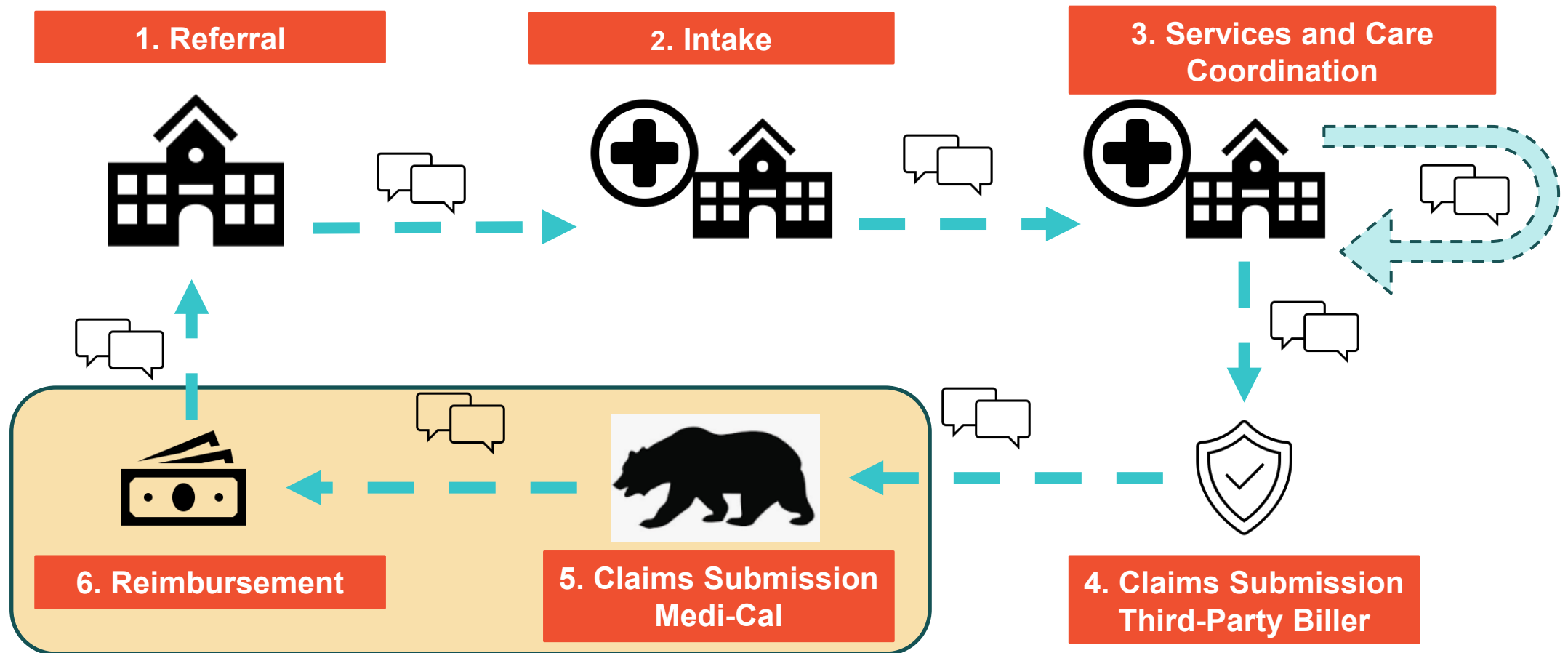
An important note on the HIPAA Privacy Rule versus HIPAA Security Rule

When a school bills insurance electronically, it must assess whether the HIPAA Security Rule applies.

If the Security Rule applies, “the school must ensure that the information system it uses to maintain and transfer electronic health information meets the physical, technical, and administrative requirements of the HIPAA Security Rule.”

Pg. 72 of HIPAA/FERPA Toolkit

Example A: Is an ROI necessary for disclosures for claims submission?



Reminder

If someone asks about “consent,” be sure you know what kind!

Consent to Service = Opens the door to services

Consent to Release Information = Permission to share information that is protected

In this presentation, we are focused exclusively on Consent to Release Information (aka ‘authorization’ or ROI).



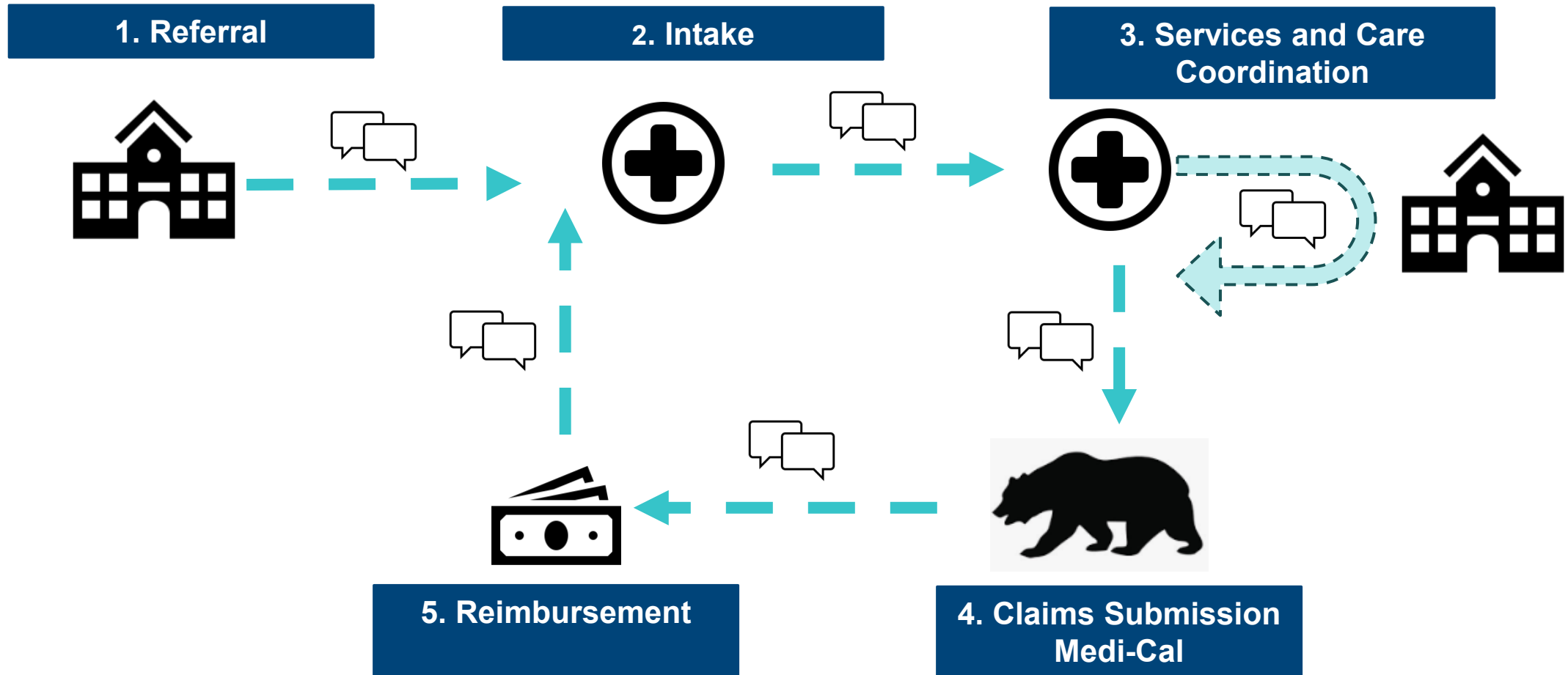
Example D

Case Example D: Damiana and Delta Behavioral Health Agency/Dalton Unified School District

Staff employed by a MediCal provider contracted with the county Specialty Mental Health Services (SMHS) Program deliver services to students off campus. The provider funds and bills insurance where possible.

This example can be found in the HIPAA/FERPA Toolkit, Pages 55-63

Example D: Service and Reimbursement Journey



Example D: Delta's Network Design

EXAMPLE D

Service Providers

Health care professionals are employed by Delta Behavioral Health Agency, a Medicaid enrolled provider contracted as a network provider with the county SMHS program to provide specialty mental health services off campus.

Reimbursement

Delta Behavioral Health staff share authorization requests and reimbursement claims with the county SMHS program.

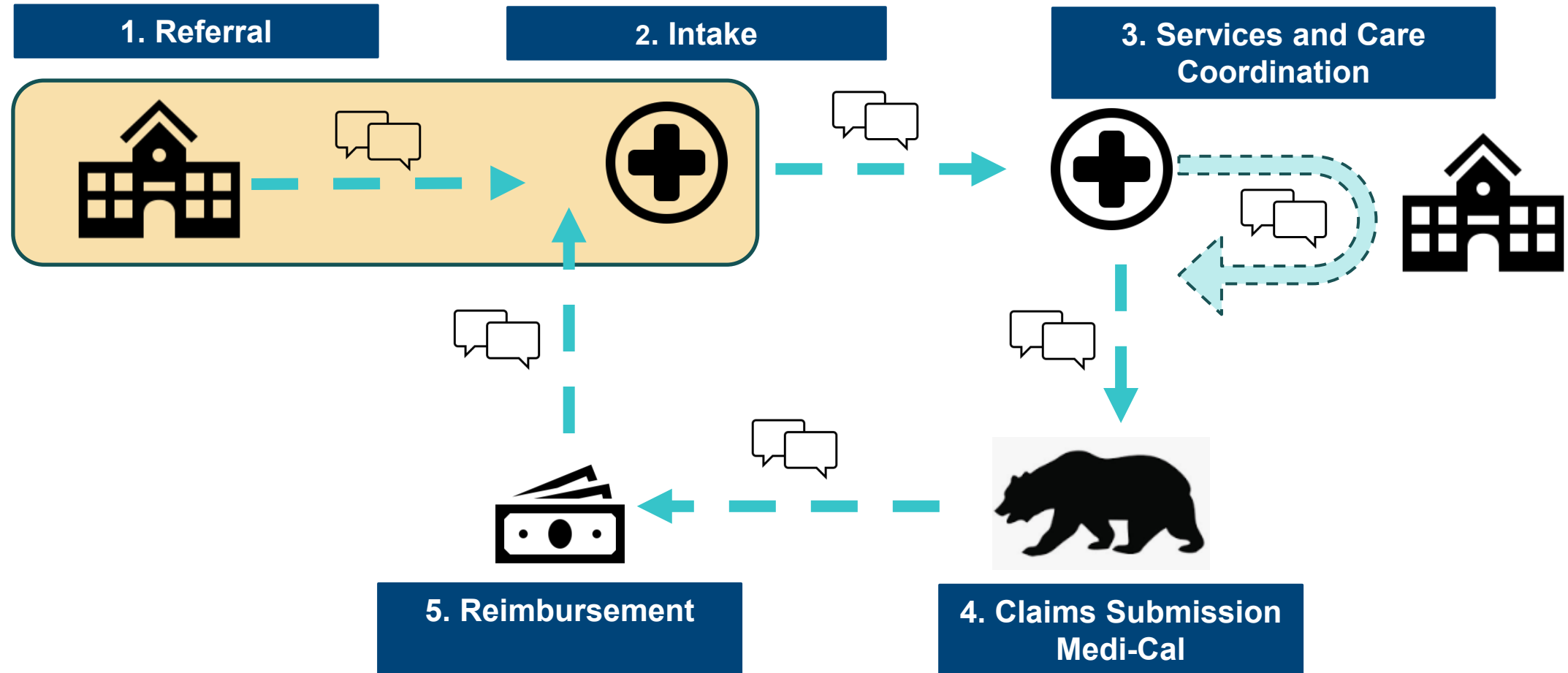
Services

A range of mental health services including individual psychotherapy.

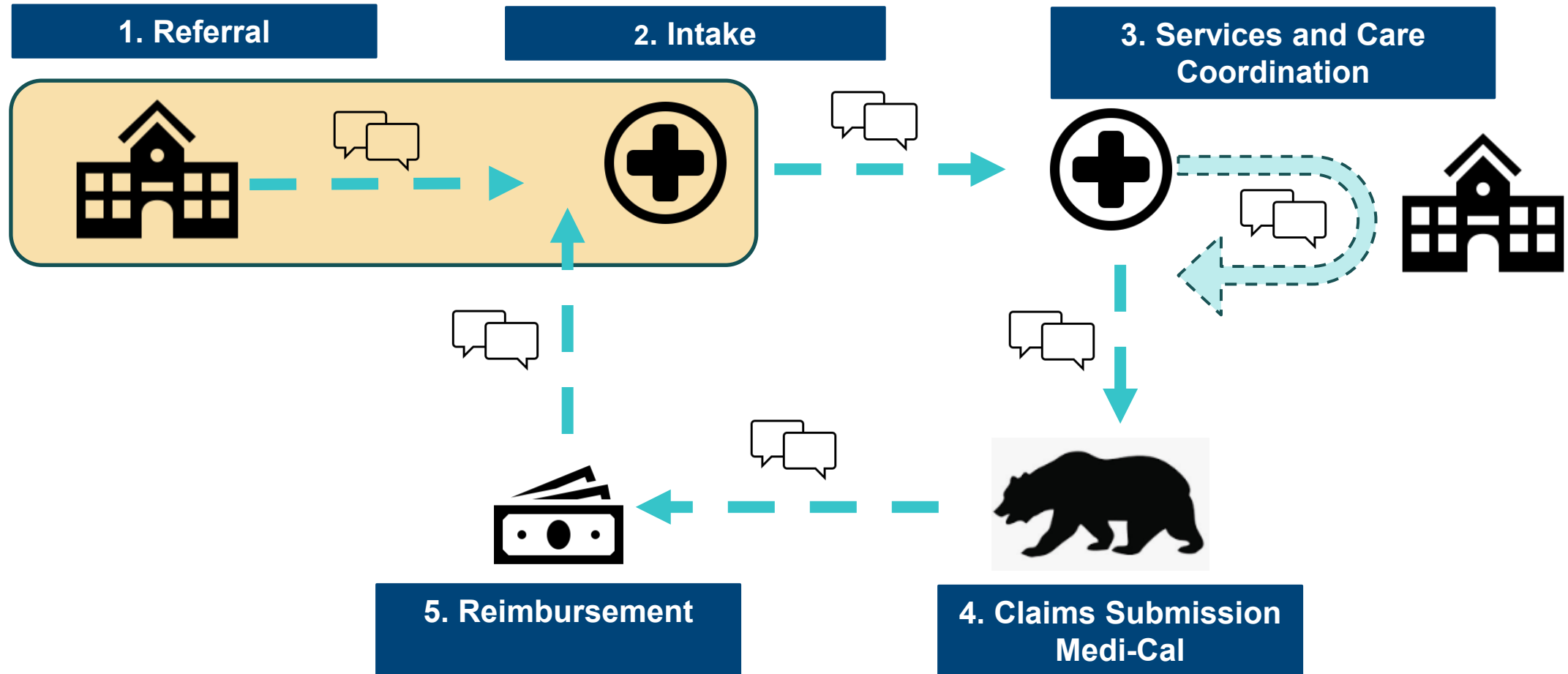
Contract/ MOUs

All of Delta's behavioral health services are provided independently and off campus, so there is no contract in place with Delta Unified. However, there is a contract in place between Delta and county SMHS programs outlining roles and responsibilities related to providing specialty mental health services, including HIPAA compliance.

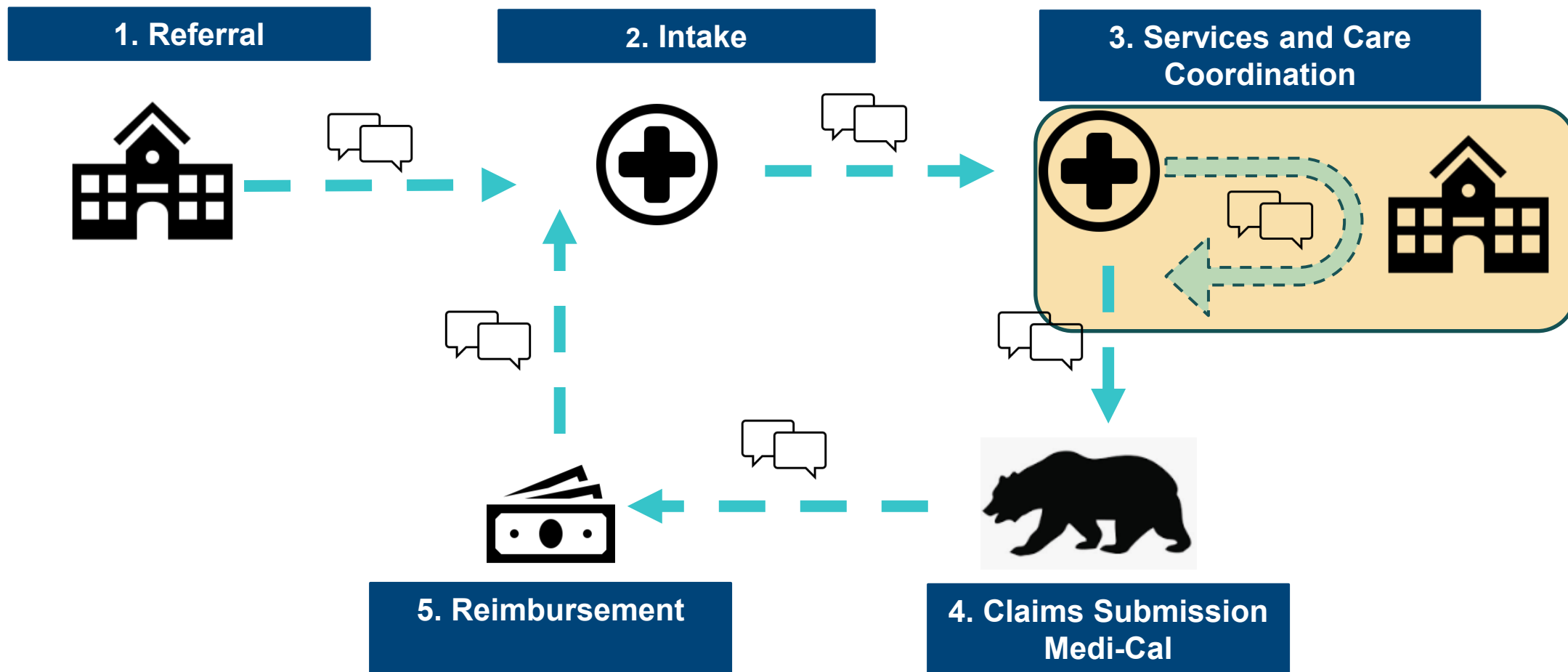
Example D: Does FERPA or HIPAA Privacy Rule apply to disclosures at referral and intake?



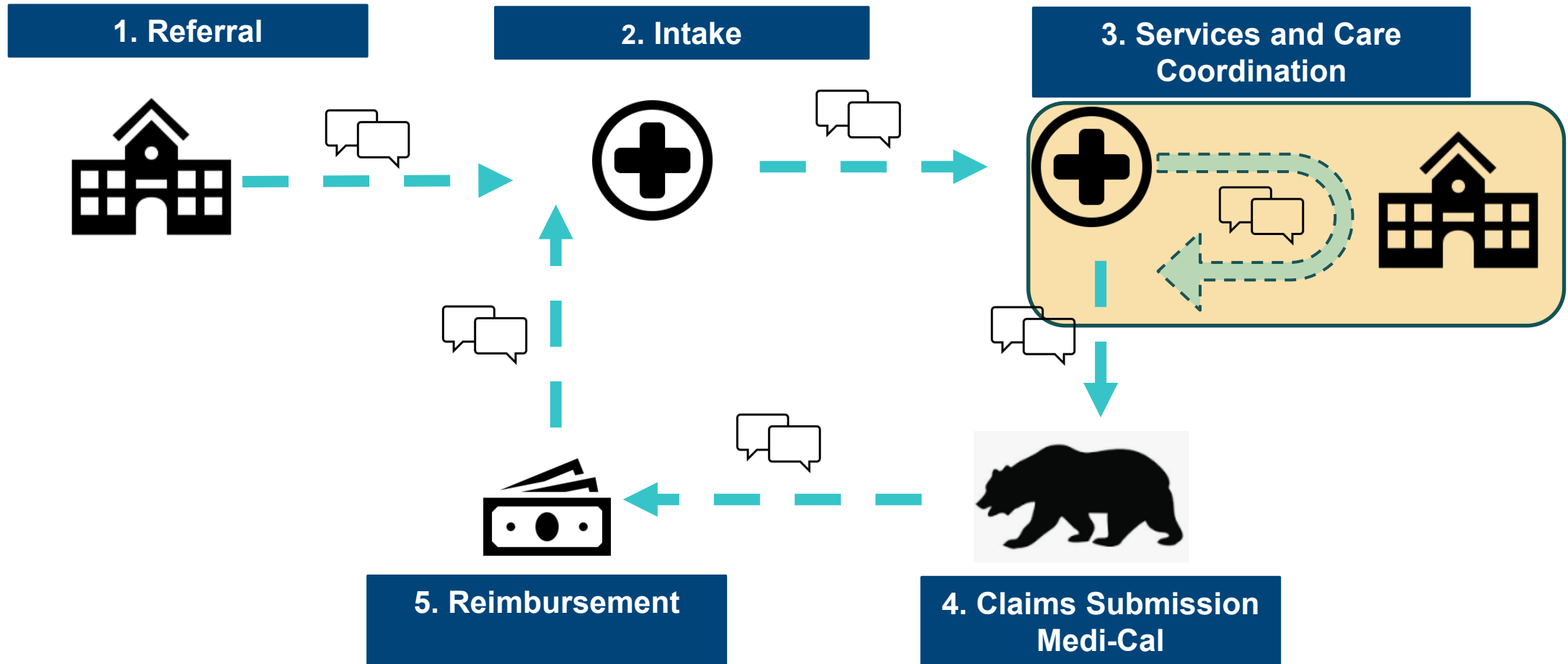
Example D: Is an ROI necessary at referral?



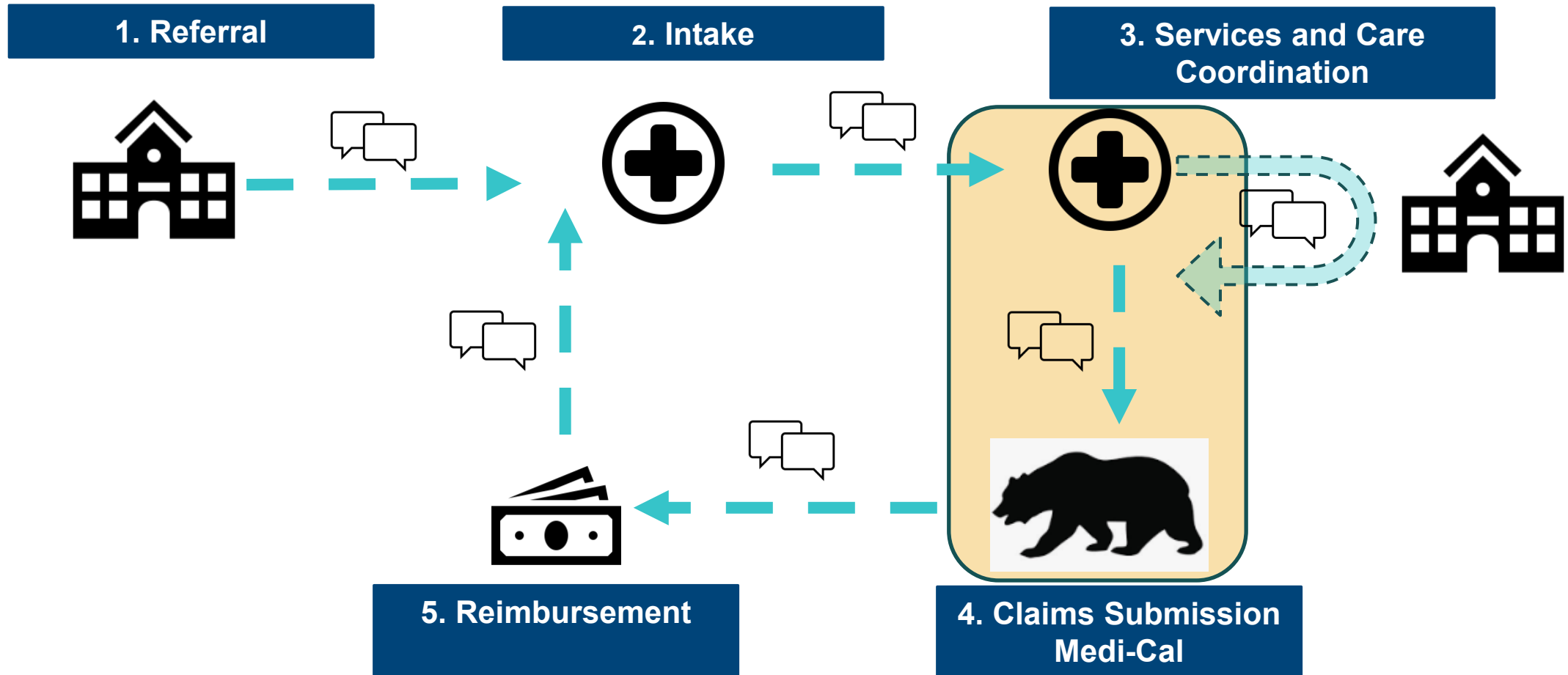
Example D: Do FERPA or the HIPAA Privacy Rules apply to service delivery and care coordination?



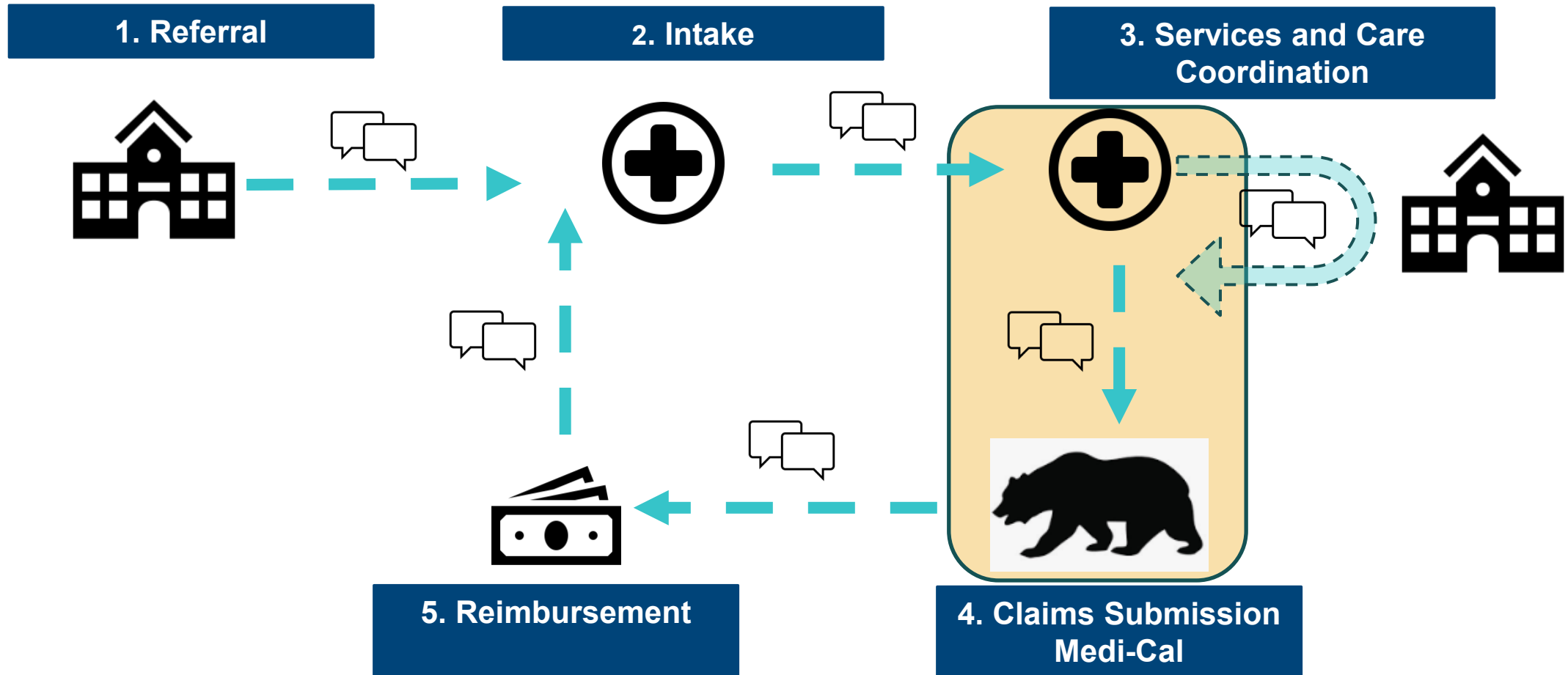
Example D: Is an ROI necessary for disclosures at service delivery and care coordination?



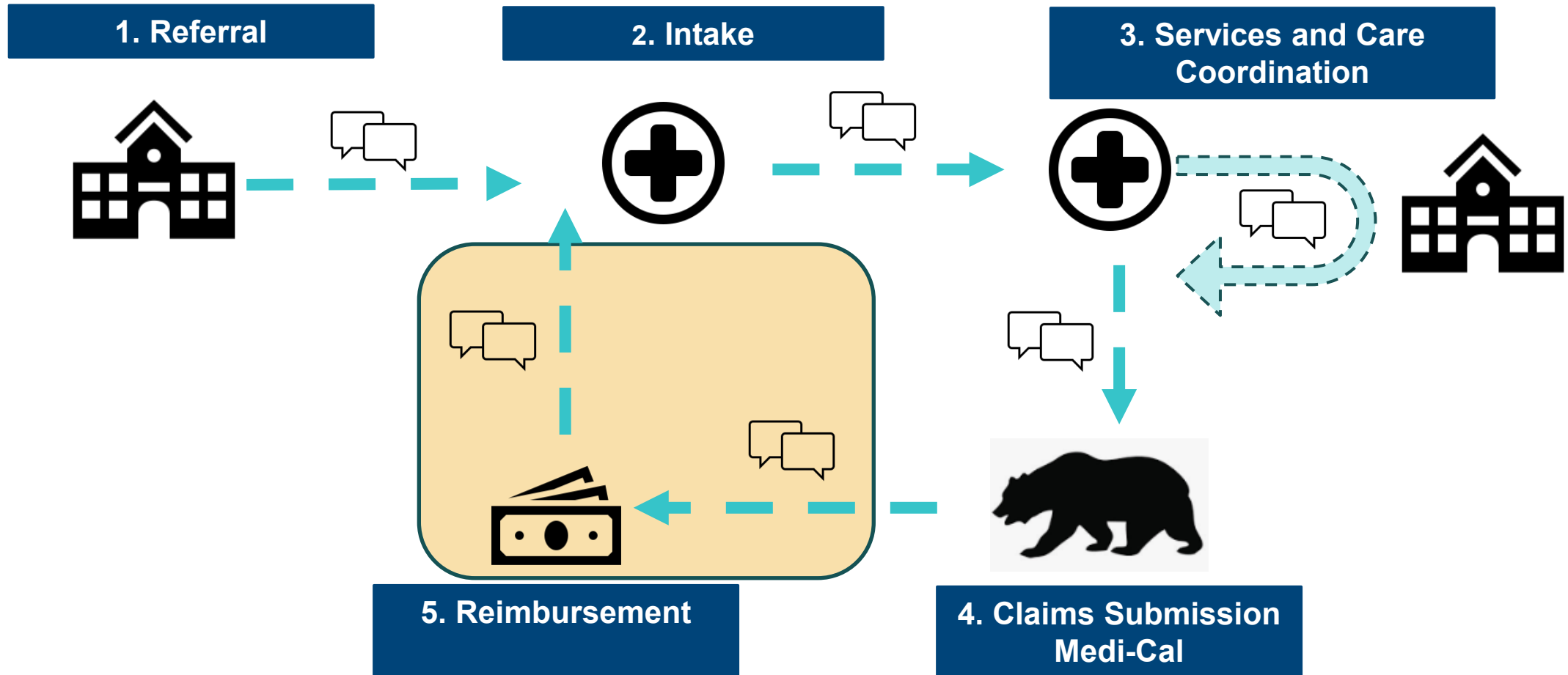
Example D: Does HIPAA Privacy Rule or FERPA apply to disclosures for claims submission?



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Releases of information



Releases of Information: Types of Forms

- **Is a FERPA ROI necessary for referral, service delivery, billing, and/or reimbursement?**
 - If yes, it must meet the requirements for a FERPA-compliant ROI.
- **Is a HIPAA ROI necessary for referral, service delivery, billing, and/or reimbursement?**
 - If yes, it must meet the requirements for a HIPAA-compliant ROI.
- **Must the ROI satisfy other confidentiality laws or regulations (e.g., Confidentiality of Medical Information Act (CMIA), the Insurance Information and Privacy Protection Act (IIPPA), 42 C.F.R. Part 2)?**
 - If yes, consider each law's requirements. For example, the CMIA and the IIPPA have their own requirements for compliant releases, and an ROI may need to meet the requirements of CMIA or the IIPPA, as well as HIPAA and/or 42 C.F.R. Part 2.

Pgs. 64-65 of toolkit

Releases of Information: Contents, Process and Procedure

- Given your current and/or future network design(s), what information sharing scenarios need to be described and included in your ROIs? What information should be collected? What timeline needs to be included?
- Given the confidentiality laws implicated, who must or may sign the ROI?
- If both a FERPAcompliant and HIPAAcompliant ROI are necessary for billing, will there be situations in which the signature of more than one person will be necessary?
- How will legally compliant ROIs be obtained? Is this something to address in agreements between partners?
- What is the mechanism for an authorization to be withdrawn?

Pgs. 64-65 of toolkit

Guiding Principles



Guiding Principles



Maintain Transparency: Inform families about confidentiality and its limits and explain the purpose of information sharing, ensuring that any forms are easy to understand and user-friendly.



Build Trust: Use plain language and center family experiences when building relationships across systems to build trust.



Allow for Autonomy: Always obtain consent for disclosures when possible and make provisions for situations in which a family may choose not to consent.



Integrate Across Sectors: Develop a shared vision, goals, accountability, and support across government, non-profit, health, education, advocacy, and others.

Guiding Principles



Center Children, Youth & Families: Craft strategies by, for, and with families, ensuring that their needs, voices, and perspectives are represented.



Focus on Equity: Advance outcomes for those facing the greatest systemic barriers to wellness and who are disproportionately impacted by behavioral health issues.



Practice Intentionality: Dedicate the time needed to make thoughtful decisions about confidentiality, consent, and information sharing.



Partner Together: Collaborate with partners to build systems that are easy to navigate, and where there is no wrong door to seek help.

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Thank You



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