

EXPLANATION: HB 312 AMENDS MULTIPLE AREAS OF KRS CHAPTER 61 BY CHANGING THE PROCESS AND FORMAT FOR PARTIES REQUESTING OPEN RECORDS OF PUBLIC AGENCIES. AGENCIES CANNOT REQUIRE A PARTICULAR REQUEST FORM ALTHOUGH THEY MUST ACCEPT THE RECORDS REQUEST FORM CREATED FOR USE BY THE OFFICE OF THE ATTORNEY GENERAL VIA REGULATIONS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.6 AP.2

Inspection of Board Records

INSPECTION OF RECORDS

Residents* of the Commonwealth desiring to examine records that are not exempt from public disclosure may do so during regular working hours. Regular working hours shall be posted at the main entrance of the Central Office.

The principal office of the District is located at _____.

The official custodian/designee to whom requests for access to records should be submitted is at _____ and email address is _____.

Fees for hard copies shall be 10 cents a page. Fees for other media (if applicable) shall be based on actual cost to the District.

The requesting party shall submit a written application that shall:

- be signed;
- include the applicant's name printed legibly;
- include mailing address (and email address if applicable); and
- include a statement of the manner in which the applicant is a resident of the Commonwealth of Kentucky.*

The applicant shall hand deliver, mail, send via facsimile, or send via email the written application to the custodian/designee at the above address describing the records the applicant wishes to access. Written requests comporting with the above or the written form set forth in regulation by the Kentucky Attorney General may be utilized by the requesting party.

Unless a longer period applies under state law or Executive Order, a response by or on behalf of the District is due within five (5) days (not including weekends or holidays) of receipt of the request. If records are in active use or storage or otherwise unavailable, the District response will explain in detail the cause for a delay beyond five (5) days and state the earliest date on which the records will be available. Requests may be denied if the records are exempt from disclosure under KRS 61.878 or if the request imposes an unreasonable burden or is intended to disrupt essential functions of the District as provided in KRS 61.872.

A resident of the Commonwealth may inspect public records during regular office hours. If s/he resides outside the county and precisely describes the responsive records, s/he may receive responsive, nonexempt records by mail upon the District's receipt of copying fees and costs of mailing.

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Inspection of Board RecordsINSPECTION OF RECORDS (CONTINUED)

Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.

*Resident is defined under KRS 61.870(10) as an individual residing in the Commonwealth, a domestic business entity with a location in the Commonwealth, a foreign business entity registered with the Kentucky Secretary of State, an individual that is employed and works at a location or locations within the Commonwealth, an individual or business entity that owns real property within the Commonwealth, any individual or business entity that has been authorized to act on behalf of an individual or business entity described above, or a news-gathering organization as defined in KRS 189.635(8)(b)1 a. to e.

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Request to Examine and/or Copy District Records

NOTE: When a document is submitted that provides information requested by this form, there is no need to require the applicant to complete this form.

Public Access

~~RECORDS OF THE BOARD, EXCEPT THOSE SPECIFICALLY EXEMPTED BY STATUTE, ARE OPEN TO PUBLIC INSPECTION AT THE OFFICE OF THE SUPERINTENDENT. PERSONS DESIRING TO EXAMINE RECORDS THAT ARE NOT EXEMPT FROM PUBLIC DISCLOSURE MAY DO SO DURING REGULAR WORKING HOURS. REGULAR WORKING HOURS SHALL BE POSTED AT THE MAIN ENTRANCE OF THE CENTRAL OFFICE AND OF EACH SCHOOL BUILDING, AS APPROPRIATE.~~

Records exempted from public access include:

- ~~1. Records of a personal nature where public disclosure is an invasion of personal privacy.~~
- ~~1. Records or information confidentially disclosed to the Board whose disclosure would permit an unfair advantage to competitors.~~
- ~~2. Records or negotiation of real estate transactions until such time as property has been acquired.~~
- ~~3. Test questions and scoring keys before an exam, examinations that are to be reused, and tests that are copyrighted.~~
- ~~4. Preliminary drafts and recommendations.~~
- ~~5. Student records that are prohibited from release by the Family Educational Rights and Privacy Act and/or the Kentucky Family Education Rights and Privacy Act.~~
- ~~6. Any record, the disclosure of which would have a reasonable likelihood of threatening the public safety.~~
- ~~7. Emergency plan and diagram of a school.~~

Records Requested From:

Records Custodian: _____

District Name: _____

District Address: _____

Records Requested By:

Name (MUST BE PRINTED): _____

Address: _____

Phone #: _____ Date: _____

Are you the parent/guardian of a child enrolled in one of the District's schools? ☐ Yes ☐ No

If Yes: Child's Name _____ School _____

Specify in detail the record(s) requested. (Attach another page if necessary.)

Signature of Person Requesting Record(s) *Month/Day/Year*

Please attach requests made by letter, email, or FAX to this form.

REQUEST TO EXAMINE AND/OR COPY DISTRICT RECORDS

~~Any fees associated with the cost of copying shall be collected at the time copies are made. Fees shall not exceed actual copying costs. Copying cost per page shall not exceed 10 cents and postage may be charged if the requestor does not pick up the copies.~~

Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.

NOTE: ~~Except when individuals designated by the Superintendent are reviewing records, an authorized school employee shall provide appropriate supervision while records are being inspected.~~

For Office Use Only

Records Request received by _____	Date _____
Records Request referred to (if applicable) _____	Date _____
Records Request complied with by _____	Date _____

EXPLANATION: REPEAL OF 702 KAR 6:045 ALLEVIATES SOME OF THE ADMINISTRATIVE BURDEN ON SCHOOL DISTRICTS WHILE PRESERVING THE SAFETY OF SCHOOL NUTRITION PROGRAMS AS, UNDER CURRENT LAW, THE FOOD SERVICE STAFF FOR SCHOOL DISTRICTS PARTICIPATING IN FEDERAL CHILD NUTRITION PROGRAMS ARE SUBJECT TO LOCAL, STATE, AND FEDERAL TRAINING REQUIREMENTS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: REVISIONS TO 702 KAR 5:080 REQUIRE ALL SCHOOL BUS DRIVERS, STUDENT TRANSPORTATION TECHNICIANS, AND EMPLOYEES THAT TRANSPORT STUDENTS TO RECEIVE BASIC FIRST AID AND CPR TRAINING.

FINANCIAL IMPLICATIONS: COST OF ADDITIONAL TRAINING

PERSONNEL

03.19 AP.23

District Training Requirements

SCHOOL YEAR:

This form may be used to track completion of local and state employee training requirements that apply across the District and maintain a record for the information of the Superintendent and Board.

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
District planning committee members.		01.111			✓	
Board member training hours.	KRS 160.180; 702 KAR 1:115; 701 KAR 8:020	01.83			✓	
Superintendent training program to be completed within two (2) years of taking office.	KRS 160.350	02.12			✓	
Certified Evaluation Training.	KRS 156.557; 704 KAR 3:370	02.14/03.18	✓		✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management.		02.3			✓	
All School Resource Officers (SROs) shall successfully complete forty (40) hours of annual in service training that has been certified or recognized by the Kentucky Law Enforcement Council for SROs.	KRS 158.4414	02.31			✓	
Council member training required for Principal selection.	KRS 160.345	02.4244			✓	
Council member training hours.	KRS 160.345	02.431			✓	
Initial/follow-up training for coaches of interscholastic athletic activities or sports.	KRS 160.445; KRS 161.166; KRS 161.185; 702 KAR 7:065	03.1161 03.2141 09.311			✓	
Asbestos Containing Building Material (ACBM), Lockout/Tagout and personal protective equipment (PPE) training for designated employees.	40 C.F.R. Part 763 401 KAR 58:010 803 KAR 2:308 OSHA 29 C.F.R. 1910.132 29 C.F.R. 1910.147 29 C.F.R. 1910.1200	03.14/03.24			✓	
Bloodborne pathogens.	OSHA 29 C.F.R. 1910.1030	03.14/03.24		✓		
Behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	03.162/03.262		✓		

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Teacher professional development/learning.	KRS 156.095	03.19	✓			
Active Shooter Situations.	KRS 156.095	03.19/03.29			✓	
Instructional leader training.	KRS 156.101	03.1912			✓	
The Superintendent shall develop and implement a program for continuing training for selected classified personnel.		03.29			✓	
Training of the instructional teachers' aide with the certified employee to whom s/he is assigned.	KRS 161.044	03.5			✓	
Orientation materials for volunteers.	KRS 161.048	03.6			✓	
Integrated Pest Management (7a) Certification.	302 KAR 29:060	05.11			✓	
Training for designated personnel on use and management of equipment.		05.4			✓	
If District owns automated external defibrillator (AEDs), training on use of such.	KRS 311.667	05.4			✓	
School Safety Coordinator (SSC) training program developed by the Kentucky Center for School Safety (KCSS)	KRS 158.412	05.4			✓	
School Principal training on procedures for completion of the required school security risk assessment.						
Fire drill procedure system.	KRS 158.162	05.41		✓		
Lockdown drill procedure system.	KRS 158.162 KRS 158.164	05.411		✓		
Severe Weather/Tornado drill procedure system.	KRS 158.162 KRS 158.163	05.42		✓		
Earthquake drill procedure system.	KRS 158.163	05.47		✓		
<u>First Aid and Cardiopulmonary Resuscitation (CPR) Training.</u>	<u>702 KAR 5:080</u>	<u>06.221</u>			✓	
Annual in-service school bus driver training.	702 KAR 5:030	06.23			✓	
Designated training for School Nutrition Program Directors and food service personnel.	<u>702 KAR 6:045</u> KRS 158.852 7 C.F.R. §210.31	07.1 07.16			✓	
Teachers of gifted/talented students required training on identifying and working with gifted/talented students. All other personnel working with gifted students shall be prepared through appropriate professional development to address the individual needs, interests, and abilities of the students.	704 KAR 3:285	08.132	✓		✓	

PERSONNEL

03.19 AP.23
(CONTINUED)District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
KDE to provide training to address the characteristics and instructional needs of students at risk of school failure and most likely to drop out of school.	KRS 156.095	08.141	✓		✓	
Student training on appropriate online behavior on social networking sites and cyberbullying awareness and response.	47 U.S.C. 254/Children's Internet Protection Act; 47 C.F.R. 54.520	08.2323			✓	
Confidentiality of student record information.	34 C.F.R. 300.623	09.14		✓		
Student suicide prevention training: Minimum of one (1) hour in-person, live stream, or via video recording every year including the recognition of signs and symptoms of possible mental illness. New hires during off year to receive suicide prevention materials to review. [Employees with job duties requiring direct contact with students in grades six (6) through twelve (12).]	KRS 156.095; KRS 158.070	09.22			✓	
At least one (1) hour of self-study review of seizure disorder materials required for all principals, guidance counselors, and teachers by July 1, 2019, and for all principals, guidance counselors, and teachers hired after July 1, 2019.	KRS 158.070	09.22			✓	
Training for school personnel authorized to give medication.	KRS 158.838 KRS 156.502 702 KAR 1:160	09.22 09.224 09.2241			✓	
Training on employee reports of criminal activity.	KRS 158.148; KRS 158.154; KRS 158.155; KRS 158.156; KRS 620.030	09.2211		✓		
Personnel training on restraint and seclusion and positive behavioral supports.	704 KAR 7:160	09.2212		✓	✓	
Personnel training child abuse and neglect prevention, recognition, and reporting.	KRS 156.095	09.227	✓		✓	

PERSONNEL

03.19 AP.23
(CONTINUED)**District Training Requirements**

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Age appropriate training for students during the first month of school on behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	09.42811			✓	
Training to build capacity of staff and administrators to deliver high-quality services and programming in the District's Alternative Education Program.	704 KAR 19:002	09.4341			✓	
Student discipline code.	KRS 158.148; KRS 158.156; KRS 158.444; KRS 525.070; KRS 525.080	09.438		✓		
Intervention and response training on responding to instances of incivility.		10.21		✓		
Training for Supervisors of Student Teachers.	16 KAR 5:040				✓	
Career Tech – If funds available, High School teachers to receive training regarding embedding reading, math, and science in career tech courses.	KRS 158.818				✓	
Committee for Mathematics Achievement – training for teachers based on available funds.	KRS 158.832		✓			
KDE to provide or facilitate statewide training for teachers and administrators regarding content standards, integrating performance assessments, communication, and higher order thinking.	KRS 158.6453 (SB 1)		✓			
Grants regarding training for state-funded community education directors.	KRS 160.156				✓	
Local Board to develop and implement orientation program for adjunct instructors.	KRS 161.046				✓	
KDE shall provide technical assistance and training for Response to Intervention upon District request.	KRS 158.305				✓	

THIS IS NOT AN EXHAUSTIVE LIST – CONSULT OSHA/ADA AND BOARD POLICIES FOR OTHER TRAINING REQUIREMENTS.

For training provided in person, participants should sign in at the end of the meeting to document their attendance. The sign-in sheet shall be maintained in paper or electronic format as required by the Kentucky *Records Retention/Public School District Schedule*.

EXPLANATION: REVISIONS TO 702 KAR 5:080 INCLUDE REPORTING REQUIREMENTS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.21 AP.254

Driving Record Violations and Personnel Actions

NEW/RETURNING SCHOOL BUS DRIVERS

The District shall perform a driving history check on school bus drivers prior to initial employment and annually thereafter. Decisions to employ or re-employ an individual shall be contingent on receipt of records revealing no driving history convictions that would, as determined by the Superintendent, affect the individual's ability to perform the job. Driver applicants and current drivers are subject to checks of the Federal Motor Carrier Safety Administration Clearinghouse (FMCSA) and related rules as described in Policy 06.221.

A person shall not be employed as a school bus driver if convicted within the past five (5) years of driving a motor vehicle under the influence or driving while intoxicated.

CURRENT EMPLOYEES

Current bus drivers shall undergo a driving records check at intervals determined by Board policy. Those whose driving record checks reveal the following violations are subject to appropriate disciplinary action, up to and including, termination/nonrenewal.

1. Speeding/major - speeding more than sixteen (16) miles per hour faster than the speed limit within the last two (2) years;
2. Speeding/minor – speeding less than sixteen (16) miles faster than the speed limit more than once within the last two (2) years;
3. Collision resulting in a citation being issued to applicant for being at fault;
4. Under the influence of alcohol or any illegal drugs while on duty or with remaining driving responsibilities that same day;
5. Revocation of driver's license;
6. Conviction for driving under the influence (DUI) or driving while intoxicated (DWI);
- ~~8-7~~ Conviction for reckless driving;
- ~~9-8~~ Citation for any moving motor vehicle violation including driving under the influence (DUI) or driving while intoxicated (DWI) and reckless driving;
- ~~10-9~~ Citation for violation of state or local law governing motor vehicle traffic control other than a parking violation;
- ~~11-10~~ Conviction for a felony sex crime or as a violent offender as defined in KRS 17.165;
- ~~12-11~~ Failure to notify the Superintendent if the classified employee has been found by the Cabinet for Health and Family Services to have abused or neglected a child, and if the employee has waived the right to appeal such a substantiated finding or the finding has been upheld upon appeal; or
- ~~13-12~~ Other criminal or moving vehicle violation, as determined by Superintendent/designee to bear a reasonable relationship to the ability of the individual to perform the job.

NOTE: 702 KAR 5:080 requires school bus drivers to immediately report to the Superintendent/designee any violations falling under points five through nine (5-9) above.

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EXPLANATION: HB 378 (2019) REVISED KRS 156.160 TO REQUIRE DISTRICTS TO AWARD CREDIT, INCLUDING PARTIAL CREDIT, FOR ALL COURSEWORK SATISFACTORILY COMPLETED BY A HOMELESS STUDENT WHILE ENROLLED AT ANOTHER SCHOOL, ALLOW HOMELESS STUDENTS TO THE EXTENT PRACTICABLE TO COMPLETE THE COURSE AT NO COST TO THE STUDENT; AWARD A DIPLOMA AT THE HOMELESS STUDENT'S REQUEST BY A DISTRICT FROM WHICH THE STUDENT TRANSFERRED, AND EXEMPT THE HOMELESS STUDENT FROM ALL COURSEWORK AND OTHER REQUIREMENTS IMPOSED BY A LOCAL BOARD THAT ARE IN ADDITION TO THE MINIMUM STATE REQUIREMENTS FOR HIGH SCHOOL GRADUATION. ADDITIONALLY, AMENDMENTS TO 704 KAR 7:090 REQUIRE THE DISTRICT TO SUPPORT HOMELESS CHILDREN AND YOUTH AND HAVE WRITTEN PROCEDURES FOR SUCH.

FINANCIAL IMPLICATIONS: COST OF HOMELESS STUDENT'S COURSEWORK

STUDENTS

09.12 AP.25

Homeless Children and Unaccompanied Youth

The District shall support homeless children and unaccompanied youth by:

1. awarding and accepting of credit, including partial credit, for all coursework satisfactorily completed by a student while enrolled at another school;
2. allowing a student who was previously enrolled in a course required for graduation the opportunity, to the extent practicable, to complete the course, at no cost to the student, before the beginning of the next school year;
3. awarding a diploma, at the student's request, by a district from which the student transferred, if the student transfers schools at any time after the completion of the student's second year of high school and the student is ineligible to graduate from the district to which the student transfers, but meets the graduation requirements of the district from which the student transferred; and
4. exempting the student from all coursework and other requirements imposed by the Board that are in addition to the minimum requirements for high school graduation established by the Kentucky Board of Education in the district to which the student transfers, if the student transfers schools at any time after the completion of the student's second year of high school and the student is ineligible to graduate both from the district to which the student transfers and the district from which the student transferred.

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AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED

Consistent with KRS 156.160, and to the extent feasible, homeless children and unaccompanied youth shall be awarded credit, including partial credit, for all coursework satisfactorily completed.

To ensure credit, including partial credit, is awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth, the District shall adopt written procedures addressing:

1. the tool or methodology the District shall use to calculate credit, including partial credit, to be awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth;
2. the consolidation of partial credit, where appropriate, to provide opportunities for credit accrual that eliminate academic and nonacademic barriers for homeless children and unaccompanied youth;

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Homeless Children and Unaccompanied Youth

AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED (CONTINUED)

3. how the District shall provide students experiencing homelessness access to extracurricular and summer programs, credit transfer and electronic course services, and after-school tutoring and other extended school services available in the District to the fullest extent practicable and at nominal or no costs;
4. the ways in which the District shall lessen the impact of school transfers for homeless children and unaccompanied youth, which shall include:
 - a) identifying systems that are in place to ease the transition of students experiencing homelessness, particularly during the first two (2) weeks at a new school;
 - b) requiring counselors to provide timely assistance and advice to improve college and career readiness for students experiencing homelessness; and
 - c) granting priority placement in classes offered by the District that meet state minimum graduation requirements for students who change schools at least once during a school year as a result of homelessness.
5. how and in what circumstances the District shall allow a student experiencing homelessness who was previously enrolled in a course required for high school graduation to complete that course at no cost before the beginning of the next school year as required by KRS 156.160; and
6. the required review of credit accrual and the personal graduation plan for each homeless student and unaccompanied youth that is not on track to receive a high school diploma before the fifth year of high school enrollment.

REFERENCES:

KRS 156.160
704 KAR 7:090
42 U.S.C. § 1143

RELATED POLICY:

08.113

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EXPLANATION: SB 127 AMENDS KRS 158.836 TO CHANGE THE DEFINITION OF EPIPENS OR OTHER EPINEPHRINE AUTO-INJECTORS TO INJECTABLE EPINEPHRINE DEVICES.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.1

Student Medication Guidelines

STUDENT SELF-MEDICATION

Students may be authorized to carry on their person and independently take their own medication (prescription or nonprescription), provided the parent/guardian has written approval on file with school personnel. Such approval shall assure school personnel that the child has been properly instructed in self-administering the medication. If prescription medication is involved, written authorization of the student's health care practitioner also is required.

ALL OTHER MEDICATIONS

1. Medication should be given at home when possible. Medication that must be given at school should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope and given to designated school personnel immediately upon arrival.
2. Prescribed oral medications in pill or tablet form shall be counted and the number recorded on the Medication Administration Record.
3. Except for emergency medications (including, but not limited to FDA approved seizure rescue medications and [injectable epinephrine devices EpiPens](#)) and medications approved for students to carry for self-medication purposes all medications shall be kept in a safe, locked, secure place accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area.
4. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
5. Unless otherwise approved to self-medicate, students are to be supervised by an authorized individual when taking medication. The person supervising the administration of medication must keep a written record.

PRESCRIPTION MEDICATIONS

Parents/guardians and health care providers shall complete the required forms before any person administers prescription medication to a student or before a student self-medicates.

Prescription medications shall be administered only as prescribed on the physician/health care provider's written authorization. Prescription medications shall be sent to school in one (1) week increments unless otherwise approved by the Principal or designee. Parent/guardian shall have the ultimate responsibility to provide the school with an adequate supply of medication to enable the orders to be followed.

All prescription medication, original or refill, should be sent to school in a pharmacy labeled container that includes the student's name, date dispensed, medication, dosage, strength, date of expiration, and directions for use including frequency, duration, and route of administration, prescriber's name, and pharmacy name, address, and phone number. Labels that have been altered in any way will not be accepted. Per KRS 218A.210, "A person to whom or for whose use any controlled substance has been presented, sold, or dispensed by a practitioner or other persons authorized under this chapter, may lawfully possess it only in the container in which it was delivered to him by the person selling or dispensing the same."

Student Medication Guidelines**PRESCRIPTION MEDICATIONS (CONTINUED)**

Changes in the dosage and/or times of administration must be received in the form of a written order from the physician/health care provider OR a new prescription bottle from the pharmacy indicating the change and a note from the student's parent/guardian.

NONPRESCRIPTION MEDICATIONS

Nonprescription (over-the-counter) medications may be accepted on an individual basis as provided by the parent or legal guardian when a completed authorization to give medication form is on file. The medication should be in the original container, dated upon receipt, and given no more than three (3) consecutive days without an order from the physician/health care provider. OTC medication shall not be administered beyond its expiration date.

DOCUMENTATION OF ADMINISTRATION

Except for medications approved for self-administration, all medication given must be immediately documented on a medication log. Records must be kept on file in the student's cumulative folder. Documentation should be complete, reflecting beginning and ending dates and notations of missed doses and absences. Subject to confidentiality requirements in Policy 09.14 and accompanying procedures, medication recording sheets shall be filed in the student's cumulative folder when completed or when the medication is changed/discontinued.

DISPOSAL OF UNUSED MEDICATION

Notice shall be mailed to the parent/guardian prior to the end of the school year informing them that their child has medication remaining and that it must be picked up by the parent/guardian. If the medication is not retrieved, the school nurse or designated staff member, with a witness present, shall count the number of any pills or tablets remaining and document the amount on the Medication Log. Leftover prescription medication may then be mixed with a designated substance, such as glue for pills and kitty litter for liquids, and placed in a trash receptacle or destroyed in accordance with current health care standards. Both parties shall sign the Medication Log when this is completed. All medications shall be destroyed if the parent/guardian does not pick them up.

MEDICATION REFUSAL

If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) will be contacted and medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.

MEDICATION ERROR

If an error in the administration of medication is recognized, initiate the following steps:

1. Keep the student in the first-aid location. If the student has already returned to class when the error is recognized, have the student accompanied to the first-aid location.
2. Assess the student's status and document.

STUDENTS

09.2241 AP.1
(CONTINUED)

Student Medication Guidelines

MEDICATION ERROR (CONTINUED)

3. Identify the incorrect dose/type of medication taken by the student.
4. Immediately notify the school administrator and school nurse, if appropriate, of the error, who shall notify the student's parent/guardian.
5. Notify the student's physician/health care provider.
6. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
7. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or physician/health care provider, and the student's status.
8. Complete a "Medication Administration Incident Report" form.

RELATED POLICY:

09.2241

RELATED PROCEDURES:

09.2241 AP.21

09.2241 AP.22

EXPLANATION: HB 312 AMENDS MULTIPLE AREAS OF KRS CHAPTER 61 BY CHANGING THE PROCESS AND FORMAT FOR PARTIES REQUESTING OPEN RECORDS OF PUBLIC AGENCIES. THE NOTICE INFORMATION IS FOUND IN THE UPDATE FOR ADMINISTRATIVE PROCEDURE 01.6. AP.2
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

COMMUNITY RELATIONS

10.11 AP.21

Public Records Notice

To be posted at the main entrance of the Central Office and of each school building, as appropriate.

RULES/REGULATIONS FOR INSPECTION

Pursuant to KRS 61.870 to KRS 61.884, the public is notified that, as provided herein, the public records of the Marion County Board of Education are open for inspection.

Public records may be inspected Monday through Friday, except holidays, during regular working hours as posted at the main entrance of the Central Office and of each school building. Upon request, a designated district employee will furnish application forms for the inspection of the public records and, if required, s/he will be available to provide assistance in completing the application form. The official custodian may require:

- a) Written application, signed by the applicant and with his/her name printed legibly on the application, describing the records to be inspected. The written application shall be hand delivered, mailed, or sent via facsimile to the public agency;
- b) Facsimile transmission of the written application; or
- c) Email of the application.

Completed application forms should be submitted to the Board's official custodian of public records, at the following address:

Marion County Board of Education
755 E. Main St.
Lebanon, KY 40033

An individual who applies to review public records shall be advised of the availability of the records requested and shall be notified in writing, not later than three (3) working days after receipt of an application for inspection, of any reason the records s/he requested are not available for public inspection.

Copies of written materials in the public records of this district shall be furnished to the person requesting them on payment of a fee of ten cents (.10) per page. Copies of nonwritten records (photographs, maps, material stored in computer files or libraries, etc.) shall be furnished to the person requesting them upon payment of a fee equal to the actual cost of producing copies of the requested records by the most economical process that is unlikely to damage or alter the records.

Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used, and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.

Persons who live outside the area and who wish to request copies of public records should contact the person listed above.

Designated Representative

Date

EXPLANATION: SB 127 AMENDS KRS 158.836 TO CHANGE THE DEFINITION OF EPIPENS OR OTHER EPINEPHRINE AUTO-INJECTORS TO INJECTABLE EPINEPHRINE DEVICES.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.21

Permission Form for Prescribed or Over-the-Counter Medication

Consent for School Health Services Lincoln Trail District Health Department (expires one year from date signed)			
Student Information			
Please print all information and sign and date at the bottom of the page		Home Room Teacher:	Grade:
Last Name	First Name	Middle Name:	
SS/ID#	Birth Date	How many people live in your home?	
Street Address:	City:	Zip:	Does student receive free or reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (circle) American Indian Black Hispanic Oriental White Other			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		
Passport <input type="checkbox"/> Yes <input type="checkbox"/> No Number:	Other Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Insurance Company:			
Mother:	Home Phone :	Work Phone:	Cell Phone:
Father:	Home Phone :	Work Phone:	Cell Phone:
Legal Guardian:	Home Phone :	Work Phone:	Cell Phone:
Emergency Contact (Other than Parent/Guardian)	Home Phone :	Work Phone:	Cell Phone:
2 nd Emergency Contact:	Home Phone :	Work Phone:	Cell Phone:
Primary Care Provider:		Phone Number:	
Student Health History			
Please complete all of the following information that applies to this student:			
1. Significant Medical History: _____			
2. List all medications taken on a regular basis: _____			
3. State any allergies (for example, allergies to any medicines or food): _____			
4. Does anyone smoke in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Consent for School Health Services</u> <i>I consent to care which may include screening(s), assessment(s), lab test(s), treatment(s), first aid, over-the-counter medicine(s), and any other health service given to me/my child by staff of this school health clinic site. I understand that no guarantees are being made as to the effect of any exam or treatment on me/my child. I authorize the school health clinic to release medical information about my child to his/her primary care provider. I also understand that information obtained for the school physical, including immunization, will be released to my child's school. If my child has Medicaid or KCHIP, I also authorize the school clinic to release this information too, so that Medicaid/KCHIP can be billed for visit to the school clinic. I understand by signing this consent, I acknowledge that I have received a copy of the LTDHD School Health Clinic Privacy Notice.</i> Signature: _____ Date signed: _____ Signed by: Parent/ Legal Guardian/ Student (to sign own consent, must be 18 years or older or emancipated).			

STUDENTS

09.2241 AP.21

(CONTINUED)

Delegation of Health Service(s) to School Personnel

Date: _____ School Year: _____

Name of School: _____

Employee Name: _____

(Print)

Health Service	Employee Initials	Nurse's Initials	F/U Dates
Administration of medications on a daily basis and field trips			
Administration of medications on field trips only			
Asthma and Mini-nebulizer treatments			
Diabetes and blood glucose monitoring (Name of machine)			
<u>Injectable Epinephrine Device</u> Epi-pen administration			
Gastrostomy (G-tube) tube feedings			
Gastrostomy medication administration			
Glucagon administration			
FDA approved seizure rescue medication administration			
Tracheostomy care and suctioning			

I have been instructed on my school District's guidelines for the health services(s) initialed above. I consent to perform the health service(s) initialed. I understand that I am to follow District guidelines as delegated by the school nurse. I acknowledge that I possess the training and skills and have demonstrated competence to safely and effectively perform the health service(s).

Employee Signature

Date

I have provided training to the individual employee as initialed above in the health service(s) listed, in accordance with school District guidelines. She/he has demonstrated knowledge and competence of this/these health service(s).

School Nurse Signature

Date

Authorization to Give Medication

Medications will be given at school only with written permission from the child's parent(s) or legal guardian. Prescription medications must have the written permission from the Health Care Provider to administer. The medication must be in the original bottle with pharmacy label as proof of Healthcare Provider prescription. Signed permission will expire at end of school year.

I hereby request school personnel to give the medication described below to my child:

(Student's Name) _____ Date of Birth _____

This medication has been prescribed for my child by:

(Prescription only)

Primary Care Provider _____

Address _____

Phone _____

These instructions should be followed in giving my child this medicine:

Name of Medicine _____

Dosage _____

Time of day for dose _____

Reason medication is to be given _____

Possible reactions or side effects (list) _____

NOTE: Over the Counter medications should be in the original container, dated upon receipt, and given no more than three (3) consecutive days without written permission from Healthcare Provider.

I give permission myself/my child to receive the above medication at school according to school policy and expressly waive any liability on behalf of the school or health department as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the request for medication to be followed. My signature will give permission for exchange of verbal and written communication between the Health Care Provider and the school nurse regarding my child's medical regime.

Signature of Parent or Legal Guardian _____ Date _____

Home Phone _____

Work Phone _____

Emergency contact name _____

Phone Number _____

For student health services/procedures not involving medication only, please refer to 09.22 AP.22.

STUDENTS

09.2241 AP.21

(CONTINUED)

Authorization for Self-administration of Medication

Medications will be given at school only with written permission from the child's parent(s) or legal guardian. Prescription medications must have the written permission from the Health Care Provider to administer. The medication must be in the original bottle with pharmacy label as proof of Healthcare Provider prescription. Signed permission will expire at end of school year.

I hereby request school personnel allow my child to self-administer the medication described below:

(Student's Name) _____ *Date of Birth* _____

This medication has been prescribed for my child by:

Primary Care Provider _____

Address _____

Phone _____

I hereby attest that this child has been properly instructed and is competent to administer the following medication.

Name of Medicine _____

Dosage _____

Time of day for dose _____

Reason medication is to be given _____

Possible reactions or side effects (list) _____

Signature of Primary Care Provider _____ Date _____

I give permission myself/my child to receive the above medication at school according to school policy and expressly waive any liability on behalf of the school or health department as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the request for medication to be followed. My signature will give permission for exchange of verbal and written communication between the Health Care Provider and the school nurse regarding my child's medical regime.

Signature of Parent or Legal Guardian _____ Date _____

Home Phone _____

Work Phone _____

Emergency contact name _____

Phone Number _____

Relationship _____

STUDENTS

09.2241 AP.21
(CONTINUED)

Authorization to Give Medication: Injectable Epinephrine Device EpiPen

Medication will be given at school only with written permission from the child's parent(s) or legal guardian. Emergency medications must have written permission from the Health Care Provider to administer. Signed permission will expire at end of school year.

Student's name _____ Date of Birth _____

If exposure to allergen occurs activate the following EMERGENCY PLAN OF ACTION:

EMERGENCY PLAN OF ACTION
1. Administer emergency medication*
Allergen: (list what child is allergic to) _____
Medication: _____
Dosage: _____
Route: _____
2. Call EMS (911)
3. Notify school personnel trained in CPR/First aid to stay with student and initiate CPR if needed prior to EMS arrival.
4. Notify parent/guardian.
5. If child needs to be transported via EMS, a parent or school representative will meet student at the hospital.
"DO NOT HESITATE TO ADMINISTER MEDICATION AND CALL EMS FOR ASSISTANCE!!!"

If exposure to known allergen is uncertain, continuously observe student for signs and symptoms of an allergic reaction such as:

Systems:	Symptoms:
Mouth -	itching and swelling of the lips, tongue, or mouth
Throat -	itching and/or a sense of tightness in the throat, hoarseness, hacking cough
Skin -	hives, itchy rash, and/or swelling about the face or extremities
Stomach -	nausea, abdominal cramps, vomiting, and/or diarrhea
Lung -	shortness of breath, repetitive coughing, and/or sneezing
Heart -	low and weak heart rate, "passing out"

***THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE. ALL ABOVE SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE-THREATENING SITUATION!**

Injectable Epinephrine Device EpiPen should be: ☐ kept with child ☐ kept in front office ☐ available during bus transportation ☐ other _____

This student is both capable and responsible for self-administering this medication: ☐ Yes ☐ No

Signature of MD, APRN, or PA _____ Date _____

Primary Care Provider _____

Address _____

Phone _____

I give permission myself/my child to receive the above medication at school according to school policy and expressly waive any liability on behalf of the school or health department as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the request for medication to be followed. My signature will give permission for exchange of verbal and written communication between the Health Care Provider and the school nurse regarding my child's medical regime. I hereby give my authorization and consent to trained school personnel to give prompt treatment, as specified above under Emergency Plan of Action, to my child.

Signature of Parent/ Guardian _____ Date _____

Home Phone _____ Work Phone _____

Emergency contact name _____ Phone Number _____

Authorization to Give Medication: Glucagon

Medication will be given at school only with written permission from the child's parent(s) or legal guardian. Emergency medications must have written permission from the Health Care Provider to administer. In the event of a diabetes emergency, the following procedure should be followed by a school nurse or designated trained personnel. Signed permission will expire at end of school year.

Student's name _____ Date of Birth _____

If child becomes unconscious or a seizure occurs, activate the following EMERGENCY PLAN OF ACTION:

EMERGENCY PLAN OF ACTION
1. Call EMS (911)
2. Administer emergency medication*
Medication: _____
Dosage: _____
Route: _____
3. Notify school personnel trained in CPR/First aid to stay with student and initiate CPR if needed prior to EMS arrival.
4. Notify parent/guardian.
5. If child needs to be transported via EMS, a parent or school representative will meet student at the hospital.

Glucagon should be: ☐ kept with child ☐ kept in front office ☐ available during bus transportation ☐ other _____

Signature of MD, APRN, or PA _____ Date _____

Primary Care Provider _____
Address _____
Phone _____

I give permission myself/my child to receive the above medication at school according to school policy and expressly waive any liability on behalf of the school or health department as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the request for medication to be followed. My signature will give permission for exchange of verbal and written communication between the Health Care Provider and the school nurse regarding my child's medical regime. I hereby give my authorization and consent to trained school personnel to give prompt treatment, as specified above under Emergency Plan of Action, to my child.

Signature of Parent/ Guardian _____ Date _____

Home Phone _____

Work Phone _____

Emergency contact name _____

Phone Number _____

Authorization to Give: FDA Approved Seizure Rescue Medication

Medication will be given at school only with written permission from the child's parent(s) or legal guardian. Emergency medications must have written permission from the Health Care Provider to administer. In the event of a diabetes emergency, the following procedure should be followed by a school nurse or designated trained personnel. Signed permission will expire at end of school year.

Student's name _____ Date of Birth _____

Seizure information:

Type of seizure(s)

- ☐ Absence
☐ Complex partial seizures
☐ Generalized tonic-clonic seizures

Description

- *Staring, eye blinking, loss of awareness, other _____
 *Remains conscious, distorted sense of smell, hearing, sight, involuntary rhythmic jerking/twitching on one side, other _____
 *convulsions, stiffening, breathing may be shallow, lips or skin may have bluish color, unconsciousness, confusion, weariness, or belligerence when seizure ends, other _____

If a seizure occurs, activate the following EMERGENCY PLAN OF ACTION

EMERGENCY PLAN OF ACTION

1. ☐ Administer emergency medication* FDA approved seizure rescue medication _____ mg rectally for seizure lasting > _____ minutes and/or > _____ seizures in _____ hours
 Possible side effects: _____
☐ VNS (vagal nerve stimulator) Magnet
☐ Other _____
2. Call EMS (911) if:
 - Seizure does not stop by itself or with VNS within _____ minutes.
 - Seizure does not stop within _____ of giving FDA approved seizure rescue medication.
 - Seizure lasts more than 5 minutes.
 - Child does not start waking up within _____ minutes after seizure is over.
 - Seizure behavior is different from other episodes.
 - You are alarmed by the frequency or severity of the seizure(s).
 - You are alarmed by the color or breathing of the person.
 - The person is having unusual or serious problems.
3. Notify school personnel trained in CPR/First aid to stay with student and initiate CPR if needed prior to EMS arrival.
4. Notify parent/guardian.
5. If child needs to be transported via EMS, a parent or school representative will meet student at the hospital.

FDA approved seizure rescue medication should be: ☐ kept with child ☐ kept in front office ☐ available during bus transportation

Signature of MD, APRN, or PA _____ Date _____

Primary Care Provider

Address _____

Phone _____

I give permission myself/my child to receive the above medication at school according to school policy and expressly waive any liability on behalf of the school or health department as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the request for medication to be followed. My signature will give permission for exchange of verbal and written communication between the Health Care Provider and the school nurse regarding my child's medical regime. I hereby give my authorization and consent to trained school personnel to give prompt treatment, as specified above under Emergency Plan of Action, to my child.

Signature of Parent/ Guardian _____ Date _____

Home Phone _____

Work Phone _____

Emergency contact name _____

Phone _____

Lincoln Trail District Health Department**Privacy and Security of Protected Health, Confidential and Sensitive Information Agreement****Please Print:**

Last Name, First Name, & M.I. _____

Social Security # _____

I understand that I may be allowed access to confidential information and/or records in order that I may perform my specific job duties. I further understand and agree that I am not to disclose confidential information and/or records without prior consent of the appropriate authority(ies) in the Local Health Department (LHD).

I understand all information pertaining to personal facts and circumstances obtained by health department staff shall be **confidential**. Any information that can be linked to a specific person though the patient's name, patient identifying number which is or contains his/her social security number, his/her address or telephone number is deemed confidential. Further, I understand that information that would lead to identification of an individual must also be protected as Patient Health Information (PHI). Such information may be in the form of a person's personnel record, medical record, excerpts from the medical record, computer generated reports, computer disks, computer screens, copies of computer screens and conversations which identify the patient. All such information shall be safeguarded against access/use by unauthorized persons and shall be stored out of sight when not in use.

I understand that identities of patients I see and patient specific information I learn from conversations or observations as a student of the local health department are confidential. I will not disclose information about specific individuals without the individual's written consent, except in accordance with written standards or as provided by law. I also understand information may only be disclosed in statistical summarization or another form(s) that does not identify specific individuals. I understand the information provided to external agencies must have the same protections and that persons receiving such information must be aware of governing statutes and regulations.

I understand that accessing or releasing confidential information and/or records, or causing confidential information and/or records to be accessed or released to myself, other individuals, clients, relatives, etc., outside the scope of my assigned job duties would constitute a violation of this agreement and may result in disciplinary action taken against me. I further understand that employees/students may subject themselves to civil and criminal liability, as well as disciplinary action, for the disclosure of confidential information to unauthorized persons.

I understand that the following is not an exhaustive list of all confidential information, but is an attempt to include most of the major examples of such information. In the event of doubts about whether certain information is covered by confidentiality requirements, I understand that I should consult my supervisor.

Under HIPAA, an individual's health care information must be used by the LDH and its employees and agents only for legitimate health purposes like treatment and payment. **45 C.F.R. § 160.101 et seq. and specifically §§ 164.501, 164.514** established standards for privacy of health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Health information that must be kept private and secure is called Protected Health Information (PHI). HIPAA established in Federal Laws the basic principle that an individual's medical records belong to that individual and, with certain exceptions, cannot be used, released or disclosed without the explicit permission of that individual or their legal guardian. This includes disclosing PHI in even casual or informal conversation not related to a legitimate health purpose (like treatment or payment) at any time whether at work or not. HIPAA gives patients/clients of the LHD program and services the right to an explanation of their privacy rights, the right to see their medical records (with some exceptions), the right to request corrections to these records, the right to control the release of information from their records and the right to documented explanations of disclosures by the Cabinet and by others who may have access to this information. Those who violate the rules laid down by HIPAA are subject to federal penalties. For non-criminal violations of the privacy standards, including disclosures made in error, there are civil monetary penalties of \$100 per violation up to \$25,000 per year, per standard. Criminal penalties are imposed for violations of the statute that are done knowingly (on purpose) – up to \$50,000 and one year in prison for obtaining or disclosing protected health information; up to \$100,000 and up to five years in prison for obtaining or disclosing protected health information under "false pretenses;" and up to \$250,000 and up to 10 years in prison for obtaining protected health information with the intent to sell, transfer or use it for commercial advantage, personal gain or malicious harm.

Under **KRS 214.420**, all information in the possession of local health departments concerning persons tested for, having or suspected of having sexually transmitted diseases, or identified in an epidemiologic investigation for sexually transmitted diseases, is strictly confidential. A general authorization of the release of medical or other information is not sufficient to authorize release of this information. Breach of this confidentiality is considered a violation under KRS 214.990.

Lincoln Trail District Health Department**Privacy and Security of Protected Health, Confidential and Sensitive Information Agreement**
(cont.)

Under KRS 214.191, no test results to human immunodeficiency virus are to be disclosed to unauthorized persons.

Information collected from patients pertaining to mental health, alcohol and drug abuse and domestic violence is protected and not to be released without specific written permission from the patient as cited in KRS 304.17A-55 Patient's Right to Privacy Regarding Mental Health and Chemical Dependency, and 42 CFR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records. KRS 403.160 allows only the court to determine if domestic violence or child abuse information may be disclosed.

I will ___ or will not ___ have access to information, records, or reports concerning persons provided services for Sexually Transmitted Diseases. I understand that data concerning these patients is not to be shared with anyone who is not assigned to STD activities.

Confidentiality of family planning services is required by 42 C.F.R. 59. Section 59.11 state: "All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidentiality and may not be disclosed without the individual's consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical or other form which does not identify particular individuals." The confidentiality rules and applicable to all programs or projects, supported in whole or in part by federal financial assistance, whether by grant or by contract, are found at 42 C.F.R. § 50.310, which states: "Information in the records in the possession of programs or projects which is acquired in connection with the requirements of the subpart may not be disclosed in a form which permits the identification of an individual without the individual's consent except as may be necessary for the health of the individual or an may be necessary for the Secretary [of Health and Human Services] to monitor the activities of those programs or projects. In any event, any disclosure shall be subject to appropriate safeguards which minimize the likelihood of disclosures of personal information an identifiable form."

I understand that other types of information may also be protected by confidentiality and that if in doubt as to confidentiality, I should not volunteer information before making certain that the information may be disclosed.

I understand that disclosure or intentional release of personal information against an individual's wishes may also subject me to civil liability, fines and/or incarceration and that I will be prosecuted for any violation of these laws for which I am responsible.

I have read this agreement, understand it and agree to comply with its terms. In addition, it is my responsibility to report violations of this agreement by any employee/student to my supervisor. I acknowledge I have had an opportunity to ask questions and I understand this information. I further agree it is my responsibility to assure the confidentiality of all information which has been issued to me in confidence even after my reemployment with the local health department ceases.

By affixing my signature to this document, I acknowledge that I have been apprised of the relevant laws, regulations and policies concerning access, use, maintenance and disclosure of confidential information and/or records which may be made available to me through my employment in the Local Health Department. I further agree that it is my responsibility to assure the confidentiality of all information that has been issued to me in confidence even after my employment with the agency has ended.

I have read the above, received a copy of the Local Health Department Confidentiality Policy and understand my responsibilities.

Student's Signature Date

Supervisor's Signature Date

Witness Date

