June 8, 2015

Honorable Ron Wyden
United States Senate
Washington, D.C. 20510-3703

Dear Senator Wyden:

This is in response to your March 12, 2015, letter to Secretary Duncan in which you ask for clarification on the applicability of the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) to college and university students’ medical records, including therapy and treatment records, held by educational institutions. You also ask about how the level of privacy protection differs for on-campus versus off-campus health services, and noted questions raised by the recent incident at the University of Oregon about the interaction and application of both FERPA and the Health Insurance Portability and Accountability Act (HIPAA). I am pleased to respond on behalf of the Secretary.

As you know, FERPA is a federal law that protects the privacy of students’ education records. Postsecondary institutions subject to FERPA generally must obtain the written consent of eligible students to disclose their education records and personally identifiable information (PII) contained therein. 20 U.S.C. § 1232g(b)(1) and (b)(2); 34 CFR § 99.30(a). An “eligible student” is one who is at least 18 years of age or attends a postsecondary institution. See 34 CFR § 99.3. FERPA contains several exceptions to the general consent requirement, including exceptions that allow the disclosure of education records in connection with a health or safety emergency, the disclosure of education records to comply with a lawfully issued subpoena or judicial order, and the disclosure of education records to school officials who have a legitimate educational interest. See 34 CFR § 99.31.

The term “education records” is defined under FERPA to mean those records, files, documents, and other materials that: “(1) contain information directly related to a student; and (2) are maintained by an educational agency or institution or by a person acting for such agency or institution.” 20 U.S.C. § 1232g(a)(4)(A); 34 CFR § 99.3 (“Education records”). FERPA excludes specified subsets of records from the definition of “education records,” one subset of which is called “treatment records.” Treatment records are:

records on a student who is eighteen years of age or older, or is attending an institution of postsecondary education, which are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in his professional or paraprofessional capacity, or assisting in that capacity, and which are made, maintained, or used only in connection with the provision of treatment to the student, and are not available to anyone other than persons providing such treatment,

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except that such records can be personally reviewed by a physician or other appropriate professional of the student’s choice.

See 20 U.S.C. § 1232g(a)(4)(B)(iv); 34 CFR § 99.3, “Education records.” Treatment records include health or medical records of eligible students that are maintained by a campus health center or counseling facility if they are made, maintained, and used only in connection with the provision of treatment, and are not made available to anyone other than the treatment provider or a physician or appropriate professional of the student’s choice.

FERPA allows educational agencies or institutions to disclose PII from an education record without consent under several exceptions, including the school official exception. Under this exception “school officials, including teachers, within the agency or institution” may access PII in education records if the agency or institution determines that those officials have “legitimate educational interests” in the records. See 34 CFR § 99.31(a)(1). The Department has interpreted the term “school official” to include a teacher; school principal; president; chancellor; board member; trustee; registrar; counselor; admissions officer; attorney; accountant; human resources professional; information systems specialist; and support or clerical personnel. The Department also has indicated that a school official would have a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Section 99.7(a)(3)(iii) of the FERPA regulations requires an educational agency or institution to include in its annual notification of rights under FERPA a statement indicating whether it has a policy of disclosing PII under the school official exception, and, if so, to specify its criteria for determining which parties are school officials and what the agency or institution considers to be a legitimate educational interest. Model annual notifications are available at: http://www2.ed.gov/policy/gen/guid/fpco/index.html.

“Treatment records,” by definition, are used only in the provision of treatment to the student and are not available to anyone other than persons providing treatment to the student, or to physicians or other appropriate professionals of the student’s choice. If a school discloses an eligible student’s treatment records for purposes other than the student’s treatment, then the records would not meet the definition of “treatment records” but would be protected as education records, which are subject to all other FERPA protections, including the right of the eligible student to inspect and review the records.

Each postsecondary institution determines whether to use the “treatment records” exclusion. As explained above, by statutory definition, treatment records can be used only in the provision of treatment to the student and are not available to anyone other than persons providing treatment to the student, or to physicians or other appropriate professionals of the student’s choice. However, this statutory definition does not prevent an institution from using treatment records for other purposes or disclosing them to other parties, either with consent or under one of the exceptions to FERPA’s general consent requirement. For example, a university physician or psychiatrist treating a student might determine that treatment records should be disclosed to the student’s parents and/or other appropriate parties if the physician believes that the student presents a serious danger to himself or others. This disclosure would be permissible under FERPA because “education records” may be disclosed in connection with a health or safety emergency without the student’s consent.
In looking into these questions, we have conferred with colleagues at the U.S. Department of Health and Human Services, which enforces the HIPAA Privacy Rule, and identified certain differences between the privacy protections of each statute. While both the HIPAA Privacy Rule and FERPA provide important privacy protections, we are concerned about the possibility that FERPA may offer fewer confidentiality protections than the HIPAA Privacy Rule in the limited instances where institutions choose to share treatment records with their attorneys in conjunction with litigation between the student and the institution. The HIPAA Privacy Rule permits a covered entity to non-consensually disclose protected health information to in-house counsel in the context of litigation with the patient without following the provisions for judicial and administrative proceedings set forth at 45 CFR § 164.512(e), such as obtaining a court order. This information may be disclosed only when the litigation relates to the entity’s “health care operations,” including legal services related to the entity’s treatment or payment functions. Thus, for example, a covered entity that is a defendant in a malpractice action, or a plaintiff in a suit to obtain payment, may use or disclose protected health information to its counsel as part of its health care operations. In comparison, FERPA’s exception to consent for disclosure to school officials, 34 CFR § 99.31(a)(1), more broadly permits an educational institution to disclose, without a court order, treatment records to in-house counsel in the context of litigation with the student provided the institution has determined that counsel has a legitimate educational interest in the records.

You may be interested to know that, following the tragic events at Virginia Tech in 2007, institutions asked for more guidance, particularly on the intersection between FERPA and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In 2008, the Departments of Education and Health and Human Services issued joint guidance explaining the interplay of FERPA and HIPAA: [http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf](http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf).

The Department, like you, believes student privacy is crucial, particularly for sensitive treatment records. We have had several conversations with your office about these issues, and we look forward to continuing to work with you on these issues. Additionally, we are currently reviewing these issues to determine whether to release additional guidance on this subject. In the meantime, if you have any questions, please contact Lloyd Horwich, Deputy Assistant Secretary (delegated the authority of the Assistant Secretary), in the Department’s Office of Legislation and Congressional Affairs at (202) 401-0020. Thank you for your attention to the privacy rights of parents and students.

Sincerely,

/s/

Kathleen M. Styles
Chief Privacy Officer