

Cayuga Community College

FERPA SUMMARY

FERPA deals specifically with the education records of students, affording them certain rights with respect to those records. For purposes of definition: education records are those records which are (1) directly related to a student and (2) maintained by an institution or a party acting for the institution.

FERPA gives students who reach the age of 18 or who attend a postsecondary institution the right to inspect and review their own education records. Furthermore, students have other rights including the right to request amendment of records and to have some control over the disclosure of personally identifiable information from these records. Institutions may grant a student more rights than those guaranteed in the Act.

FERPA applies to all schools that receive funding under most programs administered by the Secretary of Education. Most postsecondary institutions, both public and private, generally receive such funding and must, therefore, comply with FERPA. Students have the right to report any violation of FERPA to The Family Policy Compliance Office, U.S. Department of Education, 600 Independence Avenue, SW, Washington, DC, 20202-4605, (203) 260-3887, FAX (202) 260-9001.

Institutions must annually notify students currently in attendance of their rights by any means that are reasonable, such as publication of a notice in the student handbook, catalog, or college webpage. The regulations do not specify the means to be used. Schools are not required by FERPA to notify former students of their FERPA rights.

Institutions may not disclose information contained in education records without the student's written consent except under conditions specified in the Act. An institution is not required to disclose information from a student's records to the parents of dependent students but may exercise its discretion to do so. It is the responsibility of an institution to ensure that information is not improperly disclosed to the parents of students.

Cayuga Community College's complete FERPA policy can be found on the college webpage at <http://www.cayuga-cc.edu/pdf/registrar/ferpa.pdf>.



Statement of Confidentiality

Cayuga Community College is committed to safeguarding student (education) records. This institution shall not release personally identifiable information to a third party without the written consent of the student. The written consent must specify the records to be released, the purpose of the disclosure, identify the party or class of parties to whom disclosure may be made, and must contain the student's signature and date. Cayuga Community College will release information designated as "Directory Information" and student record information to the following:

- ◆ Authorized representatives of State or Federal supported programs for evaluation and audit;
- ◆ State and Local officials to whom disclosure is specifically required by State Statute;
- ◆ Veterans Administration officials for students receiving educational assistance;
- ◆ Accreditation agencies carrying out their accrediting functions;
- ◆ Cayuga Community College officials who have a legitimate educational interest;
- ◆ Organizations providing financial aid to the student;
- ◆ Organizations conducting studies for education agencies or institutions to develop, validate, and administer predictive tests, to administer student aid programs, or to improve instruction;
- ◆ Parents of a student who have established that student's status as a dependent according to Internal Revenue Code of 1954, Section 152;
- ◆ Persons in compliance with a judicial order or a lawfully issued subpoena;
- ◆ To persons in an emergency, if the knowledge of information, in fact, is necessary to protect the health or safety of students or other persons;
- ◆ To an alleged victim of crime of violence, any results of any institutional disciplinary proceedings against the alleged perpetrator of that crime with respect to that crime;

What is Directory Information?

The following types of data are considered Directory Information:

- Student's full name
- Student's local and permanent address
- Student's local and permanent telephone number
- Student's Cayuga Community College email address
- Date and place of birth
- Student's classification
- Major field of study
- Dates of attendance
- Degrees and awards received
- Full and part-time enrollment status
- Most recent previous educational agency/institution attended before CCC
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Photographic image
- Other similar information*

** While other similar information can be considered directory information, the Office of the Registrar has not designated other data elements as such pursuant to the requirements of FERPA. Therefore, all other student data is considered to be protected.*

Title: HIPAA Policy		Number: 200.105
Section: General Administration/Computer	Office: Human Resources	Revised: Created: 12/9/2013

Subject: Confidentiality of Health Information

Statement of Policy:

Cayuga Community College is committed to protecting the privacy and confidentiality of health information for the population it serves. Health information is strictly confidential and should never be disclosed or confirmed to anyone who is not specifically authorized under college policy or applicable law to receive the information.

Failure to adhere to state and federal law or Cayuga Community College policies and procedures regarding the confidentiality of protected health information, will be considered a breach of confidentiality and will result in the imposition of appropriate sanctions.

Definition of Protected Health Information:

For the purpose of this policy, the term “protected health information (PHI)” means any information, including very basic information such as an individual’s name and address, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual, and identifies or contains information that could be reasonably used to identify the individual.

This policy applies to protected health information obtained in any form, including verbal, written and electronic forms.

Uses and Disclosures of Protected Health Information:

Federal law limits the use and disclosure of protected health information without authorization from that individual. This authorization must be obtained in writing. Permitted disclosures are limited to the individual, to those persons authorized by the individual to receive their health information for purposes of treatment, payment or healthcare operations, and those persons otherwise authorized by law. For example, employees and students may be required to meet statutory public health requirements prior to employment and/or enrollment.

Protected health information disclosures without the individual’s authorization are limited to emergencies, to avert a serious threat to health or safety, and to those disclosures required by law which include disclosures about victims of abuse, neglect, or domestic violence, disclosures for judicial proceedings, and disclosures for law enforcement purposes.

Healthcare professionals may share information necessary to provide care to patients, but safeguards should be taken to avoid unintentional disclosure. Conversation about patients in public areas should be limited; files and charts should be properly secured.

Confidential information containing protected health information should be hand delivered and not placed in interoffice mail, unless sealed, addressed to a specific recipient, and stamped confidential. Copies of documents containing protected health information should be shredded, and never placed in a regular trash bin.

Individual consent or authorization is not required by law for releases of protected health information that is required by worker's compensation laws. This information is excluded from the general rule against disclosure of protected health information.

Scope:

This policy applies to all members of the Cayuga Community College workforce, whether directly employed by the college or serving under an alternative arrangement. It shall include, but not be limited to:

- Employees
- Volunteers
- Student Workers
- All students participating in a health related program
- Agency and contracted staff (including temporary staff)
- Consultants
- Contractors and subcontractors
- Faculty and staff

Education and Training:

Cayuga Community College is responsible for providing job appropriate training to its workforce regarding:

- a) The need for confidentiality;
- b) Types of information that are considered confidential;
- c) Sanctions associated with a breach of confidentiality; and
- d) Cayuga Community College's confidentiality agreement.

Confidentiality Agreement:

Each member of Cayuga Community College's affected workforce will be expected to review the college's "Confidentiality of Health Information" policy and electronically or physically sign the college's Confidentiality Agreement.

Students in the Health Professions shall sign the Confidentiality Agreement, which shall be maintained in the appropriate department chair's student files.

Suspected Breach:

Anyone who knows of, or has reason to believe that another person has violated this policy, should report the matter immediately to their department supervisor or department chair, or Human Resources. The Director of Human Resources shall investigate all reports of breach of this policy. Failure to report a breach will be considered a violation of this policy.

Sanctions:

Upon a finding of a breach of confidentiality by an employee in a collective bargaining unit, the college shall initiate action pursuant to the applicable collective bargaining agreement to implement an appropriate disciplinary penalty. Such penalty may include, but is not limited to the following:

- Oral Warning
- Letter of reprimand
- Suspension
- Demotion
- Termination

For employees not represented by a collective bargaining unit, sanctions may include actions up to and including termination of employment.

For students, violations of this policy, shall be considered a serious offense and appropriate disciplinary action will be taken as outlined in the Student Code of Conduct

Effective Date:

February 1, 2014