TRAINING MODULE · COMPLETION ASSESSMENT

HIPAA and FERPA

For the counselor who works with schools

Three parts · Twenty items · Open book · Answer only the parts you completed

Supervisee: _____ **Date:** _____

Program / University: _____

Placement type: ☐ Practicum ☐ Internship ☐ Post-graduate associate

Parts attempted: ☐ A — HIPAA ☐ B — FERPA ☐ C — Where they meet

Before you begin

HIPAA and FERPA are two separate laws, and this assessment treats them that way. Part A covers HIPAA and applies to every supervisee. Part B covers FERPA and applies if your caseload includes students. Part C covers the one situation where the two meet — information crossing between a clinic and a school. Answer only the parts you completed, and leave the rest blank.

The assessment is open book, and it is designed that way on purpose. The competency being measured is not recall. It is recognizing which framework applies, noticing when a situation exceeds your authority, and knowing what to do in the moment before you know the answer.

Several items have more than one defensible response. The rationale for each explains why the keyed answer is the better one, and reading the rationales for items you answered correctly is where most of the learning happens.

1. Confirm your pathway with your supervisor, then complete the external trainings and content tabs for those parts.
2. Answer the items in your parts before looking at the answer key. Skip the parts you did not complete.
3. Score each part separately, then read every rationale.
4. If you scored below the standard on any part, review that tab and retake that part. Retaking is expected and carries no penalty.
5. Bring the completed assessment and your external training confirmations to supervision.

> **A note on the ambiguous items:** if an item felt like a trick, bring it to supervision rather than assuming you misread it. The items that generate disagreement are usually the ones describing situations you will actually face.

Assessment items

Circle or mark one answer per item.

Part A — HIPAA

Required of every supervisee. Twelve items. Passing is 10 of 12.

Item 1. A school counselor telephones you. She says she works with a child she believes is your client and asks how therapy is going. There is no release on file. What do you do?

HIPAA · Disclosure

- **A.** Share only general information, since school counselors are bound by confidentiality too
- **B.** Explain that you can neither confirm nor deny whether anyone is a client, welcome future collaboration, and contact the parent about a release
- **C.** Confirm the child is a client but decline to discuss clinical content
- **D.** Ask the school counselor to send a written request on school letterhead, then respond

Item 2. Which of the following, if recorded, would NOT fall within HIPAA's definition of psychotherapy notes?

HIPAA · Psychotherapy notes

- **A.** Your analysis of a transference dynamic that emerged in session
- **B.** Your hypothesis about the function of a client's avoidance
- **C.** The client's current medications and your notes on monitoring them
- **D.** Your reflections on the client's reaction to an interpretation

Item 3. A psychiatrist who is co-treating your client calls to discuss the treatment plan. Which statement about the minimum necessary standard is accurate?

HIPAA · Minimum necessary

- **A.** Minimum necessary applies, so you must limit what you share to the smallest possible amount
- **B.** The minimum necessary standard does not restrict disclosures to another provider for treatment purposes
- **C.** Minimum necessary does not apply because the psychiatrist made the original referral
- **D.** Minimum necessary applies unless the client has signed a separate coordination-of-care release

Item 4. A client emails asking for a copy of her record. Under the HIPAA right of access, what is the general timeframe for responding?

HIPAA · Right of access

- **A.** Within 10 business days
- **B.** Within 30 days, with a limited extension available in some circumstances
- **C.** Within 60 days
- **D.** There is no fixed timeframe as long as the response is reasonable

Item 5. You realize you emailed a progress summary to the wrong client. Under the Breach Notification Rule, how is this treated at the outset?

HIPAA · Breach notification

- **A.** It is not a breach unless the recipient reads it
- **B.** It is presumed to be a breach unless a documented risk assessment demonstrates a low probability that the information was compromised
- **C.** It is a breach only if more than 500 individuals are affected
- **D.** It is not a breach if you request that the recipient delete the message

Item 6. You want to use a video platform for telehealth that advertises end-to-end encryption. What determines whether you may use it for Orchard clients?

Orchard practice · Telehealth

- **A.** Whether the encryption meets industry standards
- **B.** Whether the platform advertises itself as HIPAA compliant
- **C.** Whether Orchard has authorized it and has a business associate agreement in place with the vendor
- **D.** Whether the client consents in writing to its use

Item 7. Georgia law or a Georgia licensing board rule imposes a confidentiality requirement stricter than the HIPAA Privacy Rule. Which governs?

Preemption

- **A.** HIPAA, because federal law preempts state law
- **B.** The stricter Georgia provision, because HIPAA generally sets a floor rather than a ceiling
- **C.** Whichever the client prefers
- **D.** The practice may choose either standard as long as it applies it consistently

Item 8. A father calls requesting his 9-year-old daughter's complete counseling record. Her mother brought her to intake and signed the consent. You are not aware of the custody arrangement. What is the appropriate action?

Minors · Personal representatives

- **A.** Release the record, because a parent is generally the personal representative of a minor
- **B.** Refuse, because only the parent who signed the intake consent may access records
- **C.** Acknowledge the request, release nothing, and consult your supervisor — including review of any custody order
- **D.** Release only a treatment summary rather than the full record

Item 9. You locate a signed release for a client's pediatrician. It was signed 16 months ago and states that it expires one year from signature. The pediatrician's office is on the phone now, asking for the treatment summary. What do you do?

HIPAA · Authorization

- **A.** Send it, because the client clearly intended to authorize this disclosure
- **B.** Send it, because coordination with a treating physician falls under treatment anyway
- **C.** Do not send it; obtain a current authorization first, or consult your supervisor about the treatment exception
- **D.** Send an abbreviated version to stay within minimum necessary

Item 10. During a session, a 10-year-old client describes something that gives you reasonable cause to suspect abuse. The parent has signed a confidentiality agreement and has told you nothing may be shared. What governs?

Mandated reporting

- **A.** The confidentiality agreement, since the parent is the personal representative
- **B.** Your mandated reporting obligation under Georgia law, which the privacy rules do not excuse
- **C.** You must obtain the parent's consent before making a report
- **D.** You may report only after consulting the practice's attorney

Item 11. You discover on Thursday afternoon that you sent a document containing client information to the wrong recipient on Monday. What is the correct first step?

Orchard practice · Incident response

- **A.** Contact the recipient, ask them to delete it, and confirm they have done so
- **B.** Determine whether harm occurred before deciding whether to escalate
- **C.** Report to your supervisor the same day, before attempting any remediation
- **D.** Document it in the client's chart and mention it at your next supervision session

Item 12. A new client's referral packet includes records from a federally assisted substance use disorder treatment program. What is the appropriate response?

Scope · 42 CFR Part 2

- **A.** Treat them as ordinary protected health information under HIPAA
- **B.** Treat them as education records if the client is a student
- **C.** Recognize that a separate and stricter federal rule may apply, and consult your supervisor before using or disclosing them
- **D.** Return the records unread, since you are not authorized to receive them

Part B — FERPA

Required if your caseload includes students. Four items. Passing is 3 of 4.

Item 13. A 19-year-old university student is your client. Her mother contacts the university registrar demanding to see her daughter's academic records. Under FERPA, who holds the rights to those records?

FERPA · Rights transfer

- **A.** The mother, because she pays the tuition
- **B.** The mother, until the student turns 21
- **C.** The student, because she has enrolled in a postsecondary institution
- **D.** Both the student and the mother jointly

Item 14. A school psychologist tells you she keeps private observational notes on students and describes them as protected sole possession records under FERPA. She mentions she shares them with the grade-level team at their weekly meeting. What is true?

FERPA · Sole possession

A. They remain sole possession records because she is the author

B. They remain protected because the team members are all school officials

C. The sole possession exception is lost, because the notes are no longer kept in her sole possession

D. They are protected under HIPAA instead

Item 15. A parent is upset that the school released their child's name, grade level, and participation in the school play to a local newspaper without asking. Which FERPA concept is most relevant?

FERPA · Directory information

A. The health or safety emergency exception

B. Directory information

C. The school official exception

D. The sole possession record exception

Item 16. A parent believes a statement in their child's education record is inaccurate and misleading. Under FERPA, what right do they have?

FERPA · Amendment

A. None; only the school may alter its own records

B. The right to request amendment, and if the school declines, the right to a hearing and to place a statement in the record

C. The right to have the record destroyed

D. The right to sue the school for damages under FERPA

Part C — Where they meet

Required if records cross between a clinic and a school. Four items. Passing is 3 of 4.

Item 17. You write a letter summarizing your clinical impressions and send it to the school at the parent's request. The school scans it into the student's file. Which privacy law now governs that letter as the school holds it?

Intersection

A. HIPAA, because you created it as a covered entity

B. Both HIPAA and FERPA simultaneously

C. FERPA, because it is now an education record maintained by the school

D. Neither, because the parent authorized the disclosure

Item 18. A public school district employs nurses and counselors and maintains extensive student health records. Which statement is generally accurate?

Intersection

A. The district must comply with the HIPAA Privacy Rule for all student health records

B. Those records are generally education records under FERPA and are excluded from HIPAA's definition of protected health information

C. The district may choose which framework to apply

D. Both frameworks apply in full simultaneously

Item 19. You are attending an IEP eligibility meeting for a client. Which statement should most shape how you participate?

Intersection · School meetings

A. Anything said in the meeting is confidential among the participants

B. What you say is likely to become part of the student's education record and to be accessible accordingly

C. Your statements remain protected health information because you are a HIPAA-covered clinician

D. You may speak freely because the parent invited you

Item 20. At that same meeting, the parent asks you to state that the child has a disability requiring an IEP. What is the appropriate response?

Scope of practice

A. State it, since the parent has authorized you to advocate on their behalf

B. State it only if you have administered formal testing

C. Describe your clinical observations and assessment findings, recommend evaluation as indicated, and defer the eligibility determination to the team

D. Decline to speak, since eligibility is outside your scope entirely

Answer sheet

Record your answers here before checking the key. Leave blank any part you did not complete.

Part A — HIPAA

Item	Answer	Item	Answer	Item	Answer
1		5		9	
2		6		10	
3		7		11	
4		8		12	

Part A score: _____ / 12 **Result:** ☐ Pass (10+) ☐ Retake ☐ Not attempted

Part B — FERPA

Item	Answer	Item	Answer
13		15	
14		16	

Part B score: _____ / 4 **Result:** ☐ Pass (3+) ☐ Retake ☐ Not attempted

Part C — Where they meet

Item	Answer	Item	Answer
17		19	
18		20	

Part C score: _____ / 4 **Result:** ☐ Pass (3+) ☐ Retake ☐ Not attempted

Answer key and rationales

Read every rationale, including those for items you answered correctly.

Item 1. **Correct answer: B** — Explain that you can neither confirm nor deny whether anyone is a client, welcome future collaboration, and contact the parent about a release

HIPAA · Disclosure

Confirming that a named person is a client is itself a disclosure of protected health information. Option C makes that disclosure. Option D does not fix it either — the school's letterhead does not create authorization; only the client or their personal representative can. The correct move preserves the relationship with the school while releasing nothing, and then goes to the person who can actually authorize it.

Item 2. **Correct answer: C** — The client's current medications and your notes on monitoring them

HIPAA · Psychotherapy notes

The definition expressly excludes several categories, including medication prescription and monitoring, session start and stop times, modalities and frequencies of treatment, results of clinical tests, and summaries of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. Those items belong to the ordinary record no matter where you write them. The protection also depends on the notes being maintained separately from the rest of the record.

Item 3. **Correct answer: B** — The minimum necessary standard does not restrict disclosures to another provider for treatment purposes

HIPAA · Minimum necessary

The minimum necessary standard has an explicit exception for disclosures to a health care provider for treatment. This exists because artificially rationing clinical information between treating providers harms patients. Clinical judgment still governs what is relevant, and this exception does not extend to disclosures for payment, operations, or to non-providers.

Item 4. **Correct answer: B** — Within 30 days, with a limited extension available in some circumstances

HIPAA · Right of access

The general standard is 30 days, with a limited extension available. The right of access is among the most frequently enforced provisions of the Privacy Rule, and delay or obstruction is a common basis for enforcement action. Note that psychotherapy notes are excluded from the right of access — but the rest of the designated record set is not.

Item 5. **Correct answer: B** — It is presumed to be a breach unless a documented risk assessment demonstrates a low probability that the information was compromised

HIPAA · Breach notification

An impermissible use or disclosure is presumed to be a breach unless the covered entity demonstrates, through a documented risk assessment, a low probability that the protected health information has been compromised. The 500-individual threshold affects the timing and manner of notification, not whether a breach occurred. Note also that you do not conduct this assessment — you report immediately and let the practice do it.

Item 6. **Correct answer: C** — Whether Orchard has authorized it and has a business associate agreement in place with the vendor

Orchard practice · Telehealth

Encryption is necessary but not sufficient, and a vendor's marketing claim is not a legal instrument. A vendor handling protected health information on the practice's behalf is a business associate and requires an executed business associate agreement. This determination belongs to the practice, not to individual clinicians, and client consent cannot substitute for it. Use only what Orchard has authorized.

Item 7. **Correct answer: B** — The stricter Georgia provision, because HIPAA generally sets a floor rather than a ceiling

Preemption

HIPAA generally establishes a minimum standard and does not preempt state law that is more protective of privacy. In practice this means you must know both. Where a state provision and a federal one appear to conflict, the analysis can be genuinely technical — which is why the expected supervisee behavior is to raise it in supervision rather than resolve it independently.

Item 8. **Correct answer: C** — Acknowledge the request, release nothing, and consult your supervisor — including review of any custody order

Minors · Personal representatives

A parent is often the personal representative of a minor, but that presumption yields to state law, court orders, and specific exceptions. The HIPAA personal-representative analysis is also not identical to the FERPA parent analysis. Options A and D both disclose. Option B assumes a limitation that may not exist. The only defensible action for a supervisee is to hold the request and consult. Delay is recoverable; disclosure is not.

Item 9. **Correct answer: C** — Do not send it; obtain a current authorization first, or consult your supervisor about the treatment exception

HIPAA · Authorization

An expired authorization is not an authorization, and past intent does not extend it. Option B contains a real idea — disclosures to another provider for treatment may be permissible without authorization — but a supervisee should not resolve that on the phone under time pressure, and Orchard's own policy may be stricter than the federal floor. Option D compounds the problem by disclosing anyway. Get a current release or consult.

Item 10. **Correct answer: B** — Your mandated reporting obligation under Georgia law, which the privacy rules do not excuse

Mandated reporting

Nothing in HIPAA, FERPA, or a private agreement excuses a failure to report suspected child abuse or neglect. A parent cannot contract away your legal obligation. Consult your supervisor immediately — both because you should and because supervision supports the reporting process — but consultation is not a substitute for reporting, and it does not toll the timeline.

Item 11. **Correct answer: C** — Report to your supervisor the same day, before attempting any remediation

Orchard practice · Incident response

Report immediately — the same day — and let the practice direct the response. Contacting the recipient yourself can complicate the risk assessment and, occasionally, make things worse. Assessing harm is not a

supervisee determination. Waiting until the next scheduled supervision session may blow a notification deadline. You will not be disciplined for reporting promptly; concealment is what ends placements.

Item 12. **Correct answer: C** — Recognize that a separate and stricter federal rule may apply, and consult your supervisor before using or disclosing them

Scope · 42 CFR Part 2

Records from federally assisted substance use disorder programs carry heightened protection under 42 CFR Part 2, with redisclosure restrictions considerably stricter than HIPAA's. This is outside the scope of the module deliberately — the expected competency is recognizing the category and stopping, not analyzing it. Option D overcorrects and may disrupt care; hold the records securely and consult.

Item 13. **Correct answer: C** — The student, because she has enrolled in a postsecondary institution

FERPA · Rights transfer

FERPA rights transfer to the student when the student turns 18 or enrolls in a postsecondary institution at any age — whichever comes first. This one surprises families constantly, and it is worth raising with clients and parents proactively rather than letting it become a crisis at the registrar's counter.

Item 14. **Correct answer: C** — The sole possession exception is lost, because the notes are no longer kept in her sole possession

FERPA · Sole possession

The sole possession exception is narrow. It covers records kept in the sole possession of the maker, used only as a personal memory aid, and not accessible or revealed to any other person except a temporary substitute for the maker. Sharing with a team destroys the exception, and the notes become education records subject to parental inspection. People routinely overestimate the protection here — as they do with psychotherapy notes under HIPAA.

Item 15. **Correct answer: B** — Directory information

FERPA · Directory information

A school may designate certain categories as directory information and disclose them without consent, provided it has given proper annual notice and a reasonable opportunity to opt out. Many families do not realize the opt-out exists. This is worth knowing because parents often bring the resulting distress to you rather than to the school, and knowing the mechanism lets you point them somewhere useful.

Item 16. **Correct answer: B** — The right to request amendment, and if the school declines, the right to a hearing and to place a statement in the record

FERPA · Amendment

FERPA gives parents and eligible students the right to seek amendment of information they believe is inaccurate, misleading, or in violation of the student's privacy rights, with a hearing available if the request is denied and the right to insert an explanatory statement. This matters directly to you: material you contribute to an education record can be challenged, which is another reason to write only what you can support.

Item 17. **Correct answer: C** — FERPA, because it is now an education record maintained by the school

Intersection

The governing law follows the record and its holder, not the author. Once the letter is maintained by the school as a record directly related to an identifiable student, it is an education record under FERPA. Your copy in your chart remains protected health information under HIPAA. The practical consequence is that the

school's disclosure rules — including the school official exception — now apply to their copy, and you cannot control that.

Item 18. **Correct answer: B** — Those records are generally education records under FERPA and are excluded from HIPAA's definition of protected health information

Intersection

HIPAA's definition of protected health information expressly excludes education records covered by FERPA and postsecondary treatment records. This is the mechanism by which the two statutes avoid overlapping. It is why a school nurse and a community therapist can hold the same clinical fact under entirely different rules — and why you should never assume a school is operating under the framework you are used to.

Item 19. **Correct answer: B** — What you say is likely to become part of the student's education record and to be accessible accordingly

Intersection · School meetings

Meeting content is documented and becomes part of the education record. It is accessible under FERPA's rules, not yours, and it may be read by people you never anticipated. This is not a reason to be guarded or unhelpful — it is a reason to be accurate, to stay inside your scope, and to have asked the family beforehand what they do and do not want raised.

Item 20. **Correct answer: C** — Describe your clinical observations and assessment findings, recommend evaluation as indicated, and defer the eligibility determination to the team

Scope of practice

Special education eligibility is a determination made by the IEP team under specific criteria; it is not a clinical opinion you can supply. Option D overcorrects — your observations and assessment findings are exactly what the team needs. A letter or statement that overreaches tends to be discounted in its entirety, which harms the family you were trying to help.

Reflection

Complete before your supervision session. There are no wrong answers here.

1. Which item did you find genuinely difficult, and what made it difficult?

2. Identify one situation in your current caseload where HIPAA and FERPA intersect. What have you done about it so far?

3. What is the emotional pull that would most likely push you toward saying more than you should? Be honest.

4. Name one specific practice change you will make. Not “be more careful” — something you could be caught doing.

Module completion and supervisor sign-off

Completed by the clinical supervisor.

Supervisee: _____ **Date:** _____

Module components

Component	Completed	Date	Supervisor initials
PART A — required of every supervisee			
OCR / CMS / HealthIT external HIPAA training	☐		
HIPAA and At Orchard tabs completed	☐		
Assessment Part A passed (10 of 12 or higher)	☐		
PART B — if the caseload includes students			
SPPO FERPA 101 (K–12) training	☐		
FERPA tab completed	☐		
Assessment Part B passed (3 of 4 or higher)	☐		
PART C — if records cross to or from a school			
SPPO FERPA 201: Data Sharing under FERPA	☐		
Joint FERPA / HIPAA guidance reviewed	☐		
Where they meet tab completed	☐		
Assessment Part C passed (3 of 4 or higher)	☐		
ALL PATHWAYS			
Psychoeducational process group co-facilitated	☐		
Facilitator self-reflection submitted	☐		
Reflection discussed in supervision	☐		

Supervisor comments

Scores — A: ____ / 12 **B:** ____ / 4 **C:** ____ / 4 **Indirect hours credited:** _____

I confirm that the above supervisee has completed the parts of the HIPAA and FERPA training module indicated above, and has demonstrated working knowledge appropriate to their level of training and to the composition of their caseload.

Parts not attempted remain outstanding. If the caseload later changes, the supervisee completes the additional part before serving those clients.

Supervisor signature: _____ **Date:** _____

Printed name and credentials: _____

License number: _____