HIPAA Compliant Authorization for Exchange of Health & Education Information

Patient/Student Name: _____ Date of Birth: _____

I hereby authorize _____ (insert health care provider name & title)

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

to exchange health and education information/records for the purpose listed below with

_____ (insert names and titles of school officials)

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____.

Purpose

The health information to be disclosed consists of (check applicable boxes):

- ☐ Physical Exam (most recent)
- ☐ Statement of the current diagnosis and treatment including orders of treatments needed at school
- ☐ Immunization Records
- ☐ Reciprocal sharing of information pertinent to diagnosis, academic needs, or progress
- ☐ Other health records (Please specify) _____

The education information to be disclosed consists of (check applicable boxes):

- ☐ School Cumulative Records
- ☐ Confidential (sensitive) Records
- ☐ Current Report Card
- ☐ Special Education
- ☐ Reciprocal sharing of information relevant to educational needs
- ☐ Other (Please specify _____

This information will be used for the following purposes:

1. Health assessment and planning to ensure safe health care services and treatments at school
2. Education evaluation and program planning
3. Other:

Authorization

This authorization is valid for the school year, 20____-20____ and/or will expire on _____ (insert date). I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of consent. I recognize that health records, once received by the school district, will become education records protected by the Family Educational Rights and Privacy Act (FERPA).

PARENT/GUARDIAN: _____
Signature Date

STUDENT (If Applicable*) _____
Signature Date

*Student age 18 or older.

Copies: Parent and/or student*
Physician or other health care provider releasing the protected health information
School official requesting/receiving the protected health information

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