

JOLIET TOWNSHIP HIGH SCHOOLS - DIST. 204



HIPAA - Compliant Authorization for Exchange of Health & Education Information

Patient/Student Name: _____ Date of Birth: _____

I, the undersigned, do hereby authorize _____ (insert health care provider name & title) to disclose/exchange the following records and information regarding the above patient/student with:

NAME: _____ (counselor)

ADDRESS: _____ PHONE: _____

Address Health Care Provider: _____ Phone: _____

Description of records/ health information to be disclosed/exchanged:

The education records/information to be disclosed/exchanged:

Purpose for disclosure/exchange of records/information:

1. Educational evaluation and program planning
2. Health assessment and planning for health care services and treatment in school
3. Medical evaluation and treatment
4. Other: _____

Authorization

THIS AUTHORIZATION EXPIRES ON (insert date or event): _____. If no expiration date or event is specified, this authorization will expire one (1) year from the date it was signed. You have the right to inspect and copy the information to be disclosed. Consent to disclosure may be revoked in writing at any time. However, no written revocation of consent shall be effective to prevent disclosure of records and communications until it is received by the person otherwise authorized to disclose records and communications. Any such revocation shall have no effect on disclosures made prior thereto. Health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Parent Signature

Date

Student Signature*

Date

* If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form.

Copies: Parent or student*

Physician or other health care provider releasing the protected health information
School official requesting/receiving the protected health information