



Mary Anne Butler
Superintendent

Allison Van Etten
Director of Special Services

Peter Anderson
Director of Facilities & Operations

Farouk Rajab
Board Chair

Timothy Smith
Assistant Superintendent

Alisha Stripling
Director of Finance & Personnel

Chris Williston
Director of Technology

Heidi Simmons
Board Secretary

TRANSFER OF CONFIDENTIAL STUDENT INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

_____ Date

Name of Child: _____ DOB: _____

Address: _____ Town/State/Zip Code: _____

Parent(s)/Guardian(s): _____ School: _____

Health/Medical
Other (Please specify)

<u>Obtain</u>	<u>Release</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

I authorize Stonington Public Schools to release/receive the above health information to/from the agency/individual/school/physician indicated below:

To/From: _____
Agency/School/Individual/Physician

Address: _____
Street Town State/Zip Code

Telephone: _____ Fax: _____

By signing below, I agree that a photocopy of this authorization will be valid as the original. This authorization will be valid for a period of one year from the date below. I understand that I may revoke this authorization at any time by notifying the physician's office in writing, but if I do, it will not have any effect on actions taken by the Physician prior to receiving such revoke.

I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.

I understand that my child's treatment or continued treatment with any health care provider or enrollment of eligibility for benefits with any health plan, may not be conditioned upon whether or not I sign this authorization and that I may refuse to sign it.

Any information received by the school pursuant to this authorization is subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information.

Signature of Parent/Guardian

Date

Name of Parent/Guardian