

Authorization for Release of Information – HIPAA Compliant

I, the undersigned, do hereby authorize:

Name of Facility: Enterprise City Board of Education

Address: 220 Hutchinson Street

City, State, Zip: Enterprise, AL 36330

to release information from the records of:

Patient Name: _____

Patient Date of Birth: _____

Patient Social Security Number: _____

For the period of: _____

Information authorized to be released (please initial):

_____ Any and all medical records and films

_____ Any and all billing information

_____ Any and all records from other facilities

_____ Any and all insurance information

_____ Any and all demographic information

Information may be released to:

Enterprise City School System

Dr. Patrick Cain

220 Hutchinson Street

Enterprise, AL 36330

Telephone: 334-347-9531

Fax: 334-347-5102

Purpose of Disclosure: Medical Leave

Understandings:

1. I understand that this consent may be revoked in writing at any time. With the exception and to the extent that disclosure of information has already occurred prior to the receipt of revocations by the above named provider. If written revocation is not received, authorization will be considered valid for a period of time not to exceed 90 days from the date of signing. To initiate revocation of this authorization, direct all correspondence to the Enterprise City School System at the address above
2. I understand that this consent is to include disclosure of **(PLEASE INITIAL EACH)**
_____ Alcohol and/or Drug Abuse Records _____ Psychiatric Records
_____ Sexually Transmitted Disease Information _____ HIV/AIDS Information
3. I understand that a photocopy of this authorization is to be considered valid as the original.
4. I understand that the information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.
5. I understand that the disclosure of this information does not affect my right to receive services or benefits.

SIGNATURE: _____

PRINT NAME: _____ **DATE:** _____