



**Compliant Authorization for Exchange of Health and Education Information  
(The Health Insurance Portability and Accountability Act - HIPAA)**

(This form may be used if the school system requires a release for medical information.)

System Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ \_Fax: \_\_\_\_\_

**A. Student Information**

Student Name: \_\_\_\_\_

Last

First

MI

Address: \_\_\_\_\_  
\_\_\_\_\_

M  F  Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Last

First

MI

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor/Social Worker: \_\_\_\_\_

I hereby authorize \_\_\_\_\_

*(Health Care Provider's Name and Title)*

at \_\_\_\_\_

*(Health Care Provider's Address and Telephone Number)*

and \_\_\_\_\_

*(Name and Title of School Official)*

at \_\_\_\_\_

*(Address and Telephone of Local Education Agency)*

To exchange health and education information/records for the purpose(s) listed below.

**Description**

The health information to be disclosed consists of the following:

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**The education information to be disclosed consists of the following:**

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- 1. Educational evaluation and program planning.
- 2. Health assessment and planning to ensure safe health care services and treatment in school.
- 3. Medical evaluation and treatment.
- 4. Other: \_\_\_\_\_

**Authorization:**

This authorization is valid for one year or as specified: \_\_\_\_\_

It will expire on: \_\_\_\_\_

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the local education agency (LEA), may no longer be protected by HIPAA, but they will become education records protected by the Family Educational Rights and Privacy Act (FERPA).

\_\_\_\_\_  
Parent/Guardian Printed Name Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Student Printed Name 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.*