Joliet Township High School - District 204

Dr. Karla Guseman
Superintendent
815-727-6970

Dianne McDonald
Assistant Superintendent
Educational Services
815-727-6972

Dr. Ilandus Hampton
Assistant Superintendent
Business Services
815-727-6960

300 Caterpillar Drive
Joliet, IL 60436
www.jths.org

HIPAA Privacy Authorization For Disclosure of Protected Health Information
(Required by the Health Insurance Portability and Accountability Act – 45 CFR parts 160 and 164)

Patient's/Student's Name:____
Address: ____; **Date of Birth:** __________

1. I make this Authorization for the purpose of:
    2. Educational evaluation and program planning
    3. Health assessment and planning for health care services and treatment in school
    4. Medical evaluation and treatment
    5. Other:____

2. This Authorization is directed to and applies to protected health information including, but not limited to, mental health information maintained by:

____
____

3. I hereby authorize the above, its director, administrative and clinical staff or assignees, medical information services, billing departments or custodian of medical records to release my complete medical records from ____________**through the present**, relating to my care and treatment unless I expressly direct or specify otherwise. I understand that medical information may include records, if any, relating to treatment for alcohol and drug abuse protected under the regulations in 42 C.F.R. Part 2; psychiatric/psychological services and social work records and any information regarding communicable diseases and infections, tuberculosis, venereal diseases, sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) or AIDS related complex.

4. I also authorize the individual identified below, to speak to my treating physician or health care providers, including mental health care providers, directly in regard to any questions he/she may have with respect to my condition, records or protected health information.

5. This information is to be released to: ____

6. I understand that information used or disclosed pursuant to this Authorization may be disclosed by the recipient and may no longer be protected by the Federal Privacy Rules.

7. This authorization shall be in force and in effect for one calendar year from the date of signature.

8. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and send it to the hospital, doctor, mental healthcare provider or other custodian of medical information. I understand that the revocation will not apply to information that has already been released in response to this Authorization.

9. I understand that I have the right to inspect and copy the mental health and developmental disabilities records that will be released.

10. I understand that authorizing the release of this health information is voluntary and that I need not sign this form in order to ensure health care treatment, eligibility for benefits, payment or health plan enrollment.

11. A copy of this Authorization is as valid as the original.

All Pertinent Sections of This Form Must Be Completed Before Signing

____________________________________ X_________________________________
Date Signature of Patient/Student

____________________________________ X_________________________________
Date Signature of Parent

* 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.

The mission of Joliet Township High School, a historically rich, inclusive, and innovative learning community that values and embraces diversity, is to maximize every student's potential to positively impact our community and thrive in a global society by providing an equitable, personalized, and rigorous education.

Joliet Township High School ensures equal educational opportunities are offered to students, regardless of race, color, national origin, age, gender, religion, disability, veteran's status, or marital status.