Polk School District
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:
____
____
____
____
____
____
____
____
____
____

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

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.