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

Chattooga County Special Education Department
13234 Highway 27
Summerville, Georgia 30747
Phone: 706-822-9902 Fax: 706-822-9906

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

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.*