SAN DIEGUITO UNION HIGH SCHOOL DISTRICT

HIPAA-Compliant Authorization for Exchange of Health & Education Information

Patient/Student Name: _____ **Date of Birth**: _____

I hereby authorize _____
Name of Health Care Provider

_____ _____
Health Care Provider Address Telephone

and the school district San Dieguito Union High School District
710 Encinitas Blvd. Encinitas CA 92024 760-753-6491 ext. 5596
School District Address Telephone

to exchange health and education information/records for the purpose listed below.

Description

The health information to be disclosed consists of:

The education information to be disclosed consists of:

Purpose: This information will be used for the following purpose(s):

1. Educational evaluation and program planning
2. Health assessment and planning for health care services and treatment in school.
3. Other: _____

_____

Authorization

This authorization is valid for one calendar year. It will expire on _____
Expiration Date

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 school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

_____ _____
Parent / Legal Guardian **Name** (please print) Telephone

_____ _____
Parent/Legal Guardian **Signature** 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. In Connecticut, a competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.

Copies: Parent or student*
Physician or other health care provider releasing the protected health information
School official requesting/receiving the protected health information

Rev.10/30/15