

 2018-2019 School Year

HIPPA Compliant Authorization for Exchange of Health and Educational Information:

This form authorizes the two agencies listed below to exchange information from the records of:

 Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_

 Agency 1: AND Agency 2

 Archbishop Borders Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Li Lisa Dillon, RN, School Nurse Provider Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3500 Foster Ave Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Baltimore, MD 21224 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P: Phone: 410.276.6534; Fax: 410.276.6915 P/F: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E Email: ldillon@abbschool.com Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T This disclosure is intended for: Health Assessment, Planning, Medication Administration, and/or Treatment.

 T The information disclosed may include: Patient Health Care Records [medical file], a Health Inventory, Emergency Forms,

 Medical Protocols, Medication Forms, Immunization Records, and other medical records as needed.

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A All confidential medical information pertaining to my student will be kept in the student’s health file and securely

 stored as mandated by the Code of Maryland Regulations.

T This authorization is valid for one school year. It will expire on June 30th, 2019.

 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 Archbishop Borders, may not be protected by the HIPAA Privacy Act

 and may become education records protected by the Family Educational Rights and Privacy Act [FERPA].

 Faxes/copies of this release are acceptable as original.

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Parent/Guardian Signature Date