



# Haverhill Public Schools

## AUTHORIZATION FOR EXCHANGE OF HEALTH AND EDUCATION INFORMATION

Patient / Student Name \_\_\_\_\_ Date of birth \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (health care provider and name)  
and \_\_\_\_\_ (name and title of school official) to exchange  
health and education information/records for the purpose listed below.

\_\_\_\_\_ (address & telephone of school/school district)

\_\_\_\_\_ ( address & telephone number of healthcare  
provider)

### **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. Medical evaluation and treatment
4. Other:

### **Authorization**

**This authorization is valid for one calendar year. It will expire on \_\_\_\_\_ (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 to 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 Signature Date

\_\_\_\_\_  
Student Signature\* Date

\*If a minor student is authorized to consent to healthcare without parental consent under federal or state law, only the student shall sign the authorization form. A competent minor depending in 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 healthcare provider releasing protected health information  
School official requesting/receiving the protected information