Sacred Heart School
50 Sacred Heart Drive
Groton, CT 06340
(860) 445-0611

HIPAA-Compliant Authorization for Exchange of Health & Education Information

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

I hereby authorize Sacred Heart School and Kelli Hammond, Principal
(School Official/Health Care Provider Name & Title) *(Sacred Heart School Official Name & Title)*

_____
(School/Health Care Facility Name, Address and Telephone)

50 Sacred Heart Drive Groton, Ct 06430 (860) 445-0611 fax: 860-448-4999
(Sacred Heart School Name Address & Telephone)

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

Please check all that apply	Obtain	Release
All Records	☐	☐
Cumulative File	☐	☐
Special Education	☐	☐
Disciplinary	☐	☐
Health/Medical	☐	☐
Other (please specify) _____	☐	☐

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 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 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.

This information <u>is for the confidential use of the above-named personnel only</u> who are directly involved in helping your child. ***The Family Educational Rights and Privacy Act (FERPA) the (BUCKLEY AMENDMENT) authorizes local districts to forward school records, without the permission of the parent or student over the age of 18 to school officials where student may intend to enroll upon the condition that the student or parent be notified.***

Developed collaboratively with: CT State Department of Education & CT Chapter, American Academy of Pediatrics Rev. 8/29/14

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