

Baldwin County Public Schools

2600 North Hand Avenue
Bay Minette, Alabama 36507

I hereby authorize BALDWIN COUNTY PUBLIC SCHOOLS, Division of Instructional Services and/or the Health Services Division to use, disclose, or obtain protected health information (PHI) from the medical record of:

Student Name: _____ Date of Birth _____

Address _____

Phone Number: _____ Soc. Sec. No. ____/____/____

Check the one that applies: Use of PHI _____ Disclosure of PHI _____ Obtaining PHI _____

PHI to be used, disclosed or obtained: (Circle if ALL apply or check specific items below)

_____ Discharge Summary	_____ X-ray Reports	_____ Other
_____ Operative/Procedure Reports	_____ History & Physical	(specify)
_____ Pathology/Laboratory Reports	_____ Information Concerning	
	Medical/Psychological diagnosis	

Purpose of Use and/or Disclosure of PHI:

_____ Educational evaluation and program planning
_____ Health assessment and planning for health care services and treatment in school.
_____ Medical evaluation and treatment
_____ Psychological Evaluation and development of Individualized Educational Program

Other: _____

Authorization

This authorization is valid for one calendar year. 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 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 basic health care.

Signature of Parent/Legal Guardian

Date

Please mail correspondence to:

Baldwin County Public Schools

School Name _____

Address _____

City, State, Zip _____

Fax NO. _____

ATTN: _____