

2. My minor child's individually identifiable health information and other medical information including protected health information under the Act and Statutes may be obtained or disclosed at the request of _____, Pathfinder leader.
3. The above covered entity is authorized to make the requested use or disclosure.
4. Any covered entity is authorized to disclose the protected health information referred to in paragraph 1 and 2 above to the name leader. The covered entity will not be compensated for disclosure to the recipient except for the cost of copying and mailing as authorized by law.
5. The covered entity may not condition treatment, payment, enrollment, or eligibility for benefits on whether the parents or legal guardians sign this authorization.
6. I recognize that I have the right to revoke this authorization in writing at any time except when lacking capacity or competence. I may revoke this authorization in writing to the leader named above and/or covered entities. I recognize that revocation of this authorization in writing as specified above does not apply to protected health information already disclosed in response to this authorization.
7. I recognize that the protected health information disclosed by covered entity under this authorization may be subject to re-disclosure by the recipient and is no longer protected by this Act and/or Statute.
8. **I understand that the information authorized for release may include records which may indicate the presence of a communicable disease.**

Parent or legal guardian (*underline which*)

Date

NOTICE OF RIGHTS: Information in your child's medical records that he or she has or may have a communicable or non-communicable disease is made confidential by law and cannot be disclosed without your permission except in limited circumstances including disclosure to persons who have had risk exposures, disclosure pursuant to an order of the court of the Department of Health, disclosure among health care providers or disclosure for statistical or epidemiological purposes. When such information is disclosed, it cannot contain information from which your child could be identified unless disclosure of that identifying information is authorized by you, by an order of the court or the Department of Health or by Law.

Permission for Photographing Your Child

The Church and Oklahoma Conference take pictures and/or conducts video recordings during the events and activities. We would like your permission to take pictures and videos on your child and use these pictures and videos on our website, in our newsletter, and the Adventist Publications/Websites. We will not reference your child by name or provide any specific information regarding your child. In addition, we do not sell these pictures and videos or use them in any other way.

Yes _____

No _____

Parent /Guardian's Name PLEASE PRINT
(*underline which*)

Parent/Guardian's Signature:

Date

