

AUTHORIZATION FOR EXCHANGE OF MEDICAL INFORMATION
Nespelem School District #014, PO Box 291, School Loop Road, Nespelem, WA 99155
(509) 634-4541

SECTION 1 – INFORMATION REQUESTED FROM

NAME OF AGENCY ADDRESS:	NAME OF PERSON DISCLOSING INFORMATION TITLE DATE
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NAME OF STUDENT: _____ **BIRTHDATE:** _____

SPECIFIC NATURE AND PURPOSE OF INFORMATION TO BE DISCLOSED: Immunization Records _____
 Health Care Plan _____
 Health Condition _____

SECTION 2 - AUTHORIZATION

MY RIGHTS
 I may revoke this authorization in writing but the revocation will not apply to information already used or disclosed. I understand that once the health information I authorized to be disclosed reaches the noted recipient that person or organization may re-disclose it, at which time, it may no longer be protected by HIPAA. Records received by this school district, however, are protected from re-disclosure under the Family Education Rights to Privacy Act (FERPA).

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION AS DESCRIBED IN SECTION 1 TO THE INDIVIDUALS WHO ARE AFFILIATED WITH THE SCHOOL AGENCY INDICATED IN SECTION 3

If the student’s records contains the following information, and that student is at the age of consent required by law, then that student must expressly consent to its release by initialing next to type of record be requested:

_____ HIV/AIDS status, diagnosis, treatment – 14 years of age
 _____ Alcohol/Drug Treatment – 13 years of age
 _____ Family Planning/Abortion – no age limit
 _____ Mental Health Services – 13 year of age

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

STUDENT SIGNATURE: _____ **DATE:** _____

This authorization expires one year after the date it is signed.

SECTION 3 – AGENCY RECEIVING INFORMATION

Nespelem School District P. O. Box 291 Nespelem, WA 99155	This information disclosed to you is protected by state and federal law. You are prohibited from releasing it to any agency or person not listed on this form without specific general authorization for release of medical or other information is not sufficient. See chapter 70.02 RCW
<hr/> Karen E. Wapato, RN, BSN, School Nurse	