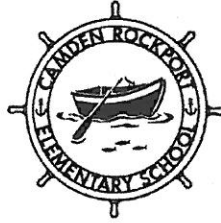


11 Children's Way
Rockport, ME 04856
(207)236-7809
FAX (207)236-7820



Chris Walker-Spencer
Principal
Katie Bauer
Assistant Principal

Camden Rockport Elementary School
HIPAA-Compliant Authorization for Exchange of Health & Education Information

Patient/Student Name : _____ Date of Birth: _____

I hereby authorize _____ and _____

Meghan Fitzpatrick, School Nurse
Camden Rockport Elementary School
Rockport, ME 04856
Phone: (207)236-7809 Fax: (207)236-7820

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 _____. 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.

_____ Date

Parent Signature

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