

Elko County School District



Central Administrative Office
Telephone: (775) 738-5196 • Fax: (775) 738-0808
P.O. Box 1012 • Elko, Nevada 89803

HIPAA-Compliant Authorization for Exchange of Health and Education Information

Student Name: _____ Date of Birth _____

Address: _____ Phone _____

I hereby authorize _____
(Name of health care provider, agency or medical institution)

Address: _____

Phone: _____ Fax: _____

and Elko County School District to exchange health and education information/ records for the purpose(s) listed below:

Educational evaluation and program planning

Health assessment and planning to ensure safe health care services and treatment in school.

Other: _____

I consent to the release of the following health information:

Current medical status

Recommendations for school

Current medications/treatments

Other: _____

Elko County School District contact

Name/Title: _____

Address: _____

Phone: _____ Fax: _____

The methods for exchange may include written records as well as verbal exchange of information.

I understand that the released information becomes a part of the student's educational records and, as such, is protected by the Family Educational Rights and Privacy Act (FERPA). The information may only be reviewed by school staff identified as having legitimate educational interest. The information may also be used in the future for purpose of Individualized Education Program (IEP) decision making.

I understand that I have the following rights with respect to this authorization:

- The right to inspect or copy the health information to be disclosed by this form.
- The right to receive a copy of this form.
- The right to withdraw this authorization by written notification at any time (although my withdrawal will not be effective as to uses and/or disclosures already made regarding this form).

This authorization is valid until ____/____/____, or until one year after the date of signing, whichever occurs first.

Signature Relationship to Student Date

Printed Name

Signature of Student* 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.

Health Insurance Portability and Accountability Act (HIPAA)/ Family Educational Rights and Privacy Act (FERPA) Notice
Any and all personally identifiable information regarding children and families receiving Special Education services funded under the Individuals with Disabilities Education Act is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prohibits disclosure of personally identifiable information without parent consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to a child's records, and contains complaint and appeal procedures which apply to disputes over records in possession of Special Education or its providers, among other provisions.

HIPAA-Compliant Authorization for Exchange of Health and Education Information

Student Name: Date of Birth

Address: Phone

I hereby authorize

(Name of health care provider, agency or medical institution) Address:

Phone: Fax:

and Elko County School District to exchange health and education information/records for the purpose(s) listed below:

Educational evaluation and program planning Health assessment and planning to ensure safe health care services and treatment in school. Other:

I consent to the release of the following health information:

Current medical status Recommendations for school Current medications/treatments Other:

Elko County School District contact

Name/Title:

Address:

Phone: Fax:

The methods for exchange may include written records as well as verbal exchange of information.

I understand that the released information becomes a part of the student’s educational records and, as such, is protected by the Family Educational Rights and Privacy Act (FERPA). The information may only be reviewed by school staff identified as having legitimate educational interest. The information may also be used in the future for purpose of Individualized Education Program (IEP) decision making.

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This authorization is valid until / / , or until one year after the date of signing, whichever occurs first.

// Signature

Relationship to Student Date

Printed Name

_____ / /

Signature of Student 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.*

Health Insurance Portability and Accountability Act (HIPAA)/ Family Educational Rights and Privacy Act (FERPA) Notice Any and all personally identifiable information regarding children and families receiving Special Education services funded under the Individuals with Disabilities Education Act is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prohibits disclosure of personally identifiable information without parent consent except in limited circumstances, requires notice to be provided to the child’s family regarding their privacy rights, requires providers to keep records of access to a child’s records, and contains complaint and appeal procedures which apply to disputes over records in possession of Special Education or its providers, among other provisions.