Rantoul Township High School
200 S. Sheldon St.
Rantoul, IL. 61866

Phone: 217-892-6000

Nurse Office Phone: 217-892-6123

Fax: 217-892-6181

HIPAA
Compliant Authorization for Exchange of Health and/or Educational Information

Patient/Student Information: Name: ______________________________ DOB___________

I hereby authorize ____
to release ☐ obtain ☐ my child's health information/records for the purpose listed below to:

Description
The health information to be disclosed consists of:
☐ Medical and/or related health records
☐ Psychological evaluations, behavioral assessments and/or social work reports
☐ Appropriate agency reports (if any)

The Education Information to be Disclosed of 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 heath care services and treatment in school
3. Medical evaluation and treatment
4. Other: ____

Authorization
This authorization is valid from ______________________ to indefinite____________________.
I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize that these records, once received by the school district, may not be protected by the HIPAA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Illinois Statutes I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

____ ________________
Parent Signature Date

____ ________________
Student Signature* 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

Copies
☐ Parent or Student*
☐ Physician or Other Health Care Provider Releasing the Protected Health Information
☐ School Official Requesting/Receiving the Protected Health Information