Jefferson City School District
Jefferson City, MO

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PATIENT AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Patient Name: _____ **Date of Birth:** _____

Address: _____ **SS#:** _____

_____

By signing this I authorize the said doctor below to use and/or disclose the specified protected heath information listed about me to or for the parties listed below.

I authorize the following physicians: _____

_____

to release the specified information listed: ☐Immunizations ☐Health Records for Dates:_____

☐Other_____ for Dates:_____

to Jefferson City School District (list specific school): _____

When my protected health information is used or disclosed pursuant to the authorization, it may be subject to release by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to (list specific school and address): _____

_____

NOTE: *Jefferson City School District will not release any information regarding history of illness or diagnostic and therapeutic information, including any treatment for counseling and/or psychiatric consultation, alcohol, drug abuse, Acquired Immune Deficiency Syndrome (AIDS) without specific written consent from the patient and/or legal guardian.*

Initial to approve release of said information: _____ Date: _____

This authorization is valid until _____/_____/_____, unless revoked in writing prior to this date.
If a date is not specified, this authorization will expire in six months.

I hereby acknowledge my authorization to release the above referenced patient health information as directed by my instructions.

_____ _____ _____

Signature of Patient, Legal Guardian or Relative Caregiver | Relationship to Patient | Date

_____ _____

Printed Name of Patient, Legal Guardian or Relative Caregiver | Witness Signature

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Please Fax records to:

☐ **JCSD Welcome Center**
Fax#: (573) 659-3028

☐ **JCSD School** _____
Fax#: (573) _____