ALBUQUERQUE PUBLIC SCHOOLS
AUTHORIZATION FORM TO RELEASE AND/OR OBTAIN MEDICAL INFORMATION

Student	DOB	Student ID Number
Address	Grade	School
		Medical Record Number (if available)

The following person or persons or agencies can release the Health Information:

_____
_____
_____

The following person or persons or agencies can receive the Health Information:

_____ _____
_____ _____
_____ _____

Health Information. The Health Information that can be released is any information about the diagnosis and/or services for the student named above from_____to_____ (dates). The following information can also be released:

_____
_____
_____

Under the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996, I understand that:

1. I am not required to sign this authorization and I can refuse to sign it.
2. In general, just because I refuse to sign this authorization, the Healthcare Provider named above cannot refuse to treat the student.
3. The Health Information released may be disclosed to others. The information cannot be disclosed to others if the person or agency who receives this information is also required to follow the privacy rules.
4. The law allows APS to use and disclose Private Health Information (PHI) without obtaining patient/parental permission for the purposes of treatment plans, payment for services or health care operations such as scheduling appointments.
5. I may look at or copy the health information requested in this authorization.
6. I can withdraw this authorization at any time. I must do so in writing and give it to the Healthcare Provider named above. If I withdraw this authorization, any information disclosed prior to my withdrawal will not be affected.

This authorization expires in one year unless I withdraw it earlier.

_____ _____
Signature of Patient/Student (or Patient's/Student's Representative) Date

_____
Printed Name of Patient/Student (or Patient's/Student's Representative)

_____
If Patient's/Student's Representative, relationship to Patient/Student

DO NOT WRITE BELOW THIS LINE - For APS Use Only

Date Request Sent_____ **By Whom** _____
Records Received_____ **Date**_____

Copies White - Releasing Agency **Pink - School** **Yellow - Confidential File**