

**HOUSATONIC VALLEY REGIONAL HIGH SCHOOL
REGIONAL SCHOOL DISTRICT ONE**

246 WARREN TURNPIKE ROAD
FALLS VILLAGE, CT 06031
Phone: (860) 824-5123 Fax: (860) 824-0130
Ian Strever, *Principal*
Steven Schibi, *Assistant Principal*

**TRANSFER OF CONFIDENTIAL STUDENT INFORMATION
PROTECTED HEALTH INFORMATION**

Name of Child: _____ Date of Birth: _____

Address: _____ Town/State/Zip Code: _____

Name of Parent(s)/Guardian(s): _____

	Obtain	Release
Health/Medical*	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>

To/From: _____
Name

Address: _____ Town/State/Zip Code: _____

Telephone: _____ Fax: _____

*If this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPAA, the following section must be completed:

I, the undersigned, specifically authorize _____ to disclose my child's medical information, as specified above, to my child's school, Housatonic Valley Regional High School, at the above address for the purposes described below (i.e., health assessment for school entry, special education evaluation, etc.):

By signing below, I agree that a photocopy of this authorization will be valid as the original. This authorization will be valid for a period of one year from the date below. I understand that I may revoke this authorization at any time by notifying the physician's office in writing, but if I do, it will not have any effect on actions taken prior by the physician prior to receiving such revocation.

I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.

I understand that my child's treatment or continued treatment with any health care provider or enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this authorization and that I may refuse to sign it.

Any information received by the school pursuant to this authorization is subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information.

Signature of Parent(s)/Guardian(s): _____

Date: _____

form date: 2/5/2020

