

**HIPAA Compliant Release of Information Form  
Authorization to Release Protected Health Information**

\_\_\_\_\_  
Print Student's Full Name

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Daytime Phone Number

Physician or healthcare facility records requested from:

Dr. C.T. (Terry) Alford  
Emory Clark-Holder Clinic  
303 Smith St.  
LaGrange, Ga 30240

Fax 706-812-4021  
Phone 706-812-4258

**Send requested health record information to:**

Name of recipient \_\_\_\_\_ Fax \_\_\_\_\_  
School address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Applicable Dates/Encounters (specify): \_\_\_\_\_

The following information is to be released (Check all that apply):

- Doctor's orders
- Health care plan for school management
- Emergency room record
- Immunization records
- Neuropsychological reports
- Records from \_\_\_\_\_
- PE/Activity restrictions
- PE/Activity restrictions
- Individual Health Care Plan** completed by Health Care Provider (can be found on [www.troup.org](http://www.troup.org) website, School Health Services link)

**Medical records received will become part of the student's educational record. These records will move from school to school with the student. The principal and school nurse are allowed to review these records upon arrival to the school to which the student has transferred. Any disclosure of this medical information by the recipient(s) is prohibited except when implicit in the purpose of this authorization.**

**Check below those who are authorized to receive this health information:**

- School nurse/clinic staff
- Principal
- Student Support Team
- Bus driver/monitor
- Student's teachers
- Cafeteria staff
- Other school staff or classmates (specify) \_\_\_\_\_

The purpose for which this release is being requested is:

- Continuing health care in school
- Educational accommodations

This authorization expires:

- 12 months from date of signature
- or
- Specified date \_\_\_\_\_

I understand that I have the right to revoke this authorization in writing at any time.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date