APPENDIX B

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION TO AND FROM SCHOOL DISTRICTS

Completion of this document authorizes the disclosure and/or use of the individually identifiable health information, as set forth below, consistent with Federal laws (including HIPAA) concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization.

Patient/Student Name:	/
Patient/Student Name:LAST FIRST	MI DATE OF BIRTH
I the undersigned do hereby authorize (name of agency and/o	health care providers):
Warren Bodine, MD or School Physician (1)	77 Salem Street Malden, MA 02148
To provide health information from the above named child's	medical record to and from:
Malden Public Schools	77 Salem Street Malden, MA 02148
School District to Which Disclosure is Made	Address / City / State / Zip
Jen Sturtevant or Athletic Trainer, Dan Keefe or Athletic Di	rector 781-397-6006/6007
Contact Person at School District	Telephone Number
The disclosure of health information is required for the fo	I owing purpose:
Participation in the school athletic program	
authorization form from me or unless such disclosure is spection. YOUR RIGHTS: I understand that I have the following rights with respect time. My revocation must be in writing, signed by me or on listed above. My revocation will be in effect upon receipt, or others have acted in reliance to this Authorization. RE-DISCLOSURE:	of my health information unless the Requester obtains another cifically required or permitted by law. To this authorization: I may revoke this authorization at any my behalf, and delivered to the health care agencies/persons
Rights an Privacy Act (FERPA) and that the information become information will be shared with the individuals working at a safe, appropriate, and least restrictive educational setting. I have a right to receive a copy of this Authorization. Signistudent to obtain appropriate services in the educational setting. APPROVAL:	nes part of the student's educational record. The purpose of providing growth the School District for the purpose of providing growth and the school health services and programs. The purpose of providing the school health services and programs. The purpose of the services are the school health services and programs.
Printed Name	Signature Date
Relationship to Patient/Student	Telephone Number