

HARMONY HILL SCHOOL, INC.
63 Harmony Hill Road
Chepachet, RI 02814
(401) 949-0690

AUTHORIZATION FOR OBTAINING AND/OR RELEASING INFORMATION
(HIPAA Compliant*)

NOTE: May involve the disclosure, obtaining or use of healthcare information about my son or ward and/or about me (if signer is parent-guardian).

PART I:

I/we hereby authorize Harmony Hill School, Incorporated to:

Release to: _____

Obtain from: _____

the following information in our/their possession regarding:

NAME: _____ DATE OF BIRTH: _____

Types of Information and Exact or Approximate Dates of Reports:

Including future reports (specify):

Purpose of obtaining/releasing:

Expected period during which this authorization is to be valid:

(This document does not permit disclosure of health information created more than 90 days after the date it is signed unless the following is checked):

____ Health care information in my medical record as authorized above is released for the duration of my son's/ward's placement in one or more programs at Harmony Hill School or until revoked (see below).

Other Conditions For This Authorization:

Authorization Continues On Page 2 of 2

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PART II:

Healthcare information is protected under a variety of Federal and State laws. It is expressly NOT Harmony Hill School's intent that information released with this authorization be given, sold, transferred or in any way relayed to any other person not specified in this authorization form.

I understand that not signing this authorization will not in itself preclude (cancel) my eligibility for health care benefits (treatment, payment or enrollment) through a child welfare or school district entity.

I may revoke this authorization in writing. If I did, it would not affect any actions already taken by Harmony Hill School, Inc. based upon this authorization. Two ways to revoke this authorization are:

- Fill out a revocation form. A form is available from Harmony Hill School. Or,
- Write a letter to Harmony Hill School.

You will be notified in writing of the completion of the revocation.

SIGNATURES

RELATIONSHIP/POSITION

DATES

* This form represents a revision of a similar form that was in use at HHS before 4/15/03; it is the intent of the HHS Administration that this "current" form be/is compliant with the Health Insurance Portability Act of 1996 (HIPAA).