Vista
The Vista School®

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Student's Name:_____ DOB:_____

I hereby authorize The Vista School Health Nurse to obtain checked information below from and Release to:

_____

_____

Doctor's Name: _____

Phone #_____

The following information:

❑ Psychiatric History	❑ Psychological Evaluation, IQ	❑ Discharge Summary
❑ Social History	❑ Neurological Evaluation	❑ Psychiatric Evaluation
❑ IEP	❑ Complete Health Info	❑ History & Physical
❑ Consultation Reports	❑ Laboratory Tests	❑ Progress Notes

Other:_____

I understand that this will include information relating to (check if applicable):

❑ Acquired immuno-deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection

❑ Treatment for Alcohol and/or Substance Abuse

I agree to the release of this information for the following purpose:

Continuity of Medical Care

I understand that my records are protected under State laws governing confidential health care information, including 35 P.S. Sections 7607-7609, 55 Pa. Code section 5100.33, and 71 P.S. Sections 1960.108 and 1690.112, and cannot be released without my written authorization unless otherwise provided for in State or Federal regulations. I also understand that my authorization is valid for no more than one (1) year from the date signed and that I may revoke this authorization at any time (except to the extent that action has been taken in reliance thereon) by written request to the Clinical Director. I hereby affirm that I have been offered a copy of this signed Authorization.

My Authorization is freely given on this_____day of_____, 20_____and will expire on_____, 20_____.

_____	_____	_____
Signature of person if 14 years of age or older	Date	Signature of Witness
_____	_____	_____
Signature of guardian if under 14 years of age or declared legally incompetent	Date	Signature of Witness

Prohibition on Redisclosure

Protected Health Information has been disclosed to you from records whose confidentiality is protected by state and federal law. Pennsylvania law prohibits you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains. A general authorization for the release of information is NOT sufficient for this purpose.