

**BARBERTON CITY SCHOOLS  
AUTHORIZATION FOR RELEASE OF MEDICAL/HEALTH RECORDS FORM**

A. Agency/Physician \_\_\_\_\_  
Address \_\_\_\_\_  
(street) (city) (state) (zip)

B. Records of: \_\_\_\_\_

C. Disclose this information to **Barberton City Schools:**  
Building \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
(street) (city) (state) (zip)

D. Person(s) or organization requesting release:  
 Patient (18+)       parent/guardian       other \_\_\_\_\_

Purpose of disclosure:  
 continuity of care/treatment       educational assessment/diagnosis/treatment  
 other

E. Type of information to be disclosed:  
 patient office reports (specify below)  
 emergency room report       consultation report  
 discharge summary       therapy reports (specify) \_\_\_\_\_  
 history and physical       other \_\_\_\_\_  
 medication record  
specific reports/physician \_\_\_\_\_ treatment dates \_\_\_\_\_

F. This authorization will expire in ninety (90) days from the date of signature, OR at the event:  
\_\_\_\_\_

I understand that the information in these health records may include information relating to sexually transmitted disease, acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV). They may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

I understand that Barberton City School personnel are not health care providers, health plans or health care clearing houses and they are not obligated to follow the federal privacy regulations (HIPPA) concerning medical records. The protected health information may be further used or disclosed by Barberton City Schools; however, Barberton City Schools are subject to state and federal regulations regarding the privacy of all educational records and information.

I understand that this authorization may be revoked at any time, except to the extent that the requesting agency/person(s) has taken action in disclosing these records. I understand that to cancel this authorization I must notify the agency/persons in writing.

\_\_\_\_\_  
parents/legal guardian relationship

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of witness

\_\_\_\_\_  
date