AUTHORIZATION FOR RELEASE OF HEALTH CARE INFORMATION
ELLENSBURG SCHOOL DISTRICT #401

Patient Name:	**Birthdate**:

I authorize the release of the healthcare information described below to be released from and sent to the following:

Information to be released FROM:	Name of Facility or Provider:
Information to be released TO:	Name(s) of Recipient(s):
	Address:
	City, State, Zip Code:
	Phone:

Specific information to be released:

Purpose for which disclosure is being made:

Specific Minor Patient Authorization:

If the patient has reached the age below, only the patient can authorize disclosure relating to the following:

☐	HIV/AIDS, STD's status, diagnosis, treatment	(consent may be given by student 14 years of age)
☐	Family planning/abortion	(consent may be given by any age student)
☐	Alcohol/drug treatment	(consent may be given by student 13 years of age)
☐	Mental health services	(consent may be given by student 13 years of age)

My Rights

I understand I have a right to request and receive a Notice of Privacy Practices. I may inspect and receive a copy (a nominal fee may be charged). Unless the purpose of this authorization is to determine payment of a claim for benefits, the requesting entity will not condition the provision of treatment or payment for my care on my signing the authorization. I may revoke this authorization in writing by presenting it as provided in the Notice of Privacy Practices for the Facility, but the revocation will not apply to information already used or disclosed. I understand that once the health information I authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time, it may no longer be protected under Privacy laws. The provider must make the healthcare information available within 15 working days after receiving the request or notify the patient of any delay (RCW 70.02.080).

Signature of Patient/Legal Representative:	Phone #:	Date Signed:
Relationship to Patient/Legal Representative:	Expiration Date of Authorization:	

Copies:	Parent/Guardian or Student School Official Requesting/Receiving the Protected Health Information

The Ellensburg School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Cole Kanyer, Title IX Coordinator, 509-925-8315, cole.kanyer@esd401.org, 1203 E. Capitol Avenue, Ellensburg, WA 98926, Kim Snider, Civil Rights Coordinator, 509-925-8007, kim.snider@esd401.org, and Section 504 Coordinator, Patty Kimmel, 509-925-8115, patricia.kimmel@esd401.org, 1300 East Third Avenue, Ellensburg, WA 98926.