Standard Authorization to Use or Share *HIPAA*-Protected Health Information and *FERPA*-Protected Educational Records

I. Child Information

Name _____ Date of birth _____

Address _____ Phone _____

City/State _____ Zip code _____

II. Scope and Purpose for Sharing Information

I understand protected health information is information that identifies my child. The purpose of this authorization is to allow _____ (health provider's name) to share my child's protected health information for consultation services with MC3 consulting specialists as set forth below. This will also include receiving information back to the referring physician.

A. Person or organization receiving information and purpose for sharing

Name, Address, Phone	Relationship	Purpose
University of Michigan, MC3 Program	Consultant	Coordination of care

B. Information to be shared

1. Check 1 or more boxes below.

☐ Entire medical record (includes all records except psychotherapy notes)
☐ Progress notes
☐ History and physical
☐ Physician's orders
☐ Operation reports
☐ Consultation report(s)
☐ Discharge summary
☐ Alcohol or drug abuse records
☐ STD records
☐ Other _____

☐ Laboratory report(s)
☐ Medical images
☐ Radiology report(s)
☐ Pathology reports
☐ Psychotherapy notes
☐ Mental health records
☐ HIV records

2. Covering services between _____ and _____ dates, or ☐ include all dates

I understand that these records are protected under federal and state confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time.

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with FERPA. Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Re-disclosure, except as provided at 34 CFR § 99.31, requires previous consent of parents or eligible students.

III. Expiration and Revocation

A. This authorization will expire **(must choose one)**:

☐ 12 months from the date signed in Part IV.B. ☐ Other (insert date or event): _____

B. Right to revoke

I understand I may change this authorization at any time by writing to the address listed at the bottom of this form. I understand I cannot restrict information that may have already been shared on the basis of this authorization.

IV. Acknowledgements and Signatures

A. Acknowledgements

1. I understand this authorization is voluntary and will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.

2. I understand if the person or organization authorized to receive my child's protected health information is not a health plan or health care provider, privacy regulations may no longer protect the information.

3. I understand I may inspect or obtain a copy of the protected health information shared under this authorization by sending a written request to the address listed at the bottom of the form.

B. Signature

This document must be signed by the child's parent/guardian or legal representative.

_____ _____

Signature of parent/guardian/representative Date

_____

Printed name or parent/guardian/representative

_____

Address of entity authorized to receive information

The following information is for administrative purposes and may only be completed by an entity that is a "Program" under 42 CFR part 2 with respect to alcohol and drug abuse records.

☐ If checked — disclosure of alcohol or drug abuse records is subject to the following restrictions under 42 CFR part 2:

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any patient with alcohol or drug abuse.

This document was adapted from an American Academy of Pediatrics form.