AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I _____ hereby authorize the use or disclosure of my health information as described in this authorization.

(1) Specific person/organization (or class of persons) authorized to provide the information (for ex: health care provider, health plan):

(2) Specific person/organization (or class of persons) authorized to receive and use the information (for ex: law firm, employer):

Sharon Taylor-Simms
Benefit Specialist
Hazelwood School District
15955 New Halls Ferry Rd
Florissant, MO 63031
314-953-5079

(3) Specific description of the information to be released (for ex: complete medical record):

Complete medical record and regarding _____ (DOB): SSN: _____ condition to facilitate an informal, interactive process to explore the nature of the condition and any potential reasonable accommodation.

(4) Specific description of purpose for requested use or disclosure (for ex: "This is being sought at the request of the undersigned"):

To facilitate an informal, interactive process to explore the nature of Epilepsy and to explore any potential reasonable accommodation.

(5) I understand that I have a right to revoke this authorization at any time by notifying Hazelwood School District (15955 New Halls Ferry Rd, Florissant, MO 63031 in writing. I understand that the revocation is only effective after it is received and logged by Hazelwood School District. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation. I also understand that this authorization cannot be revoked if it was obtained as a condition of procuring health insurance coverage, or pursuant to other laws which provide the insurer the right to contest a claim under the policy.

(6) I understand that after this information is disclosed, federal law concerning privacy of medical records by covered entities (HIPAA) may not protect it and the recipient may re-disclose it.

(7) I understand that I am entitled to receive a copy of this authorization.

(8) I understand that this authorization will expire when the informal interactive process described above has concluded.

Signature of Individual:_____

Date:_____

Personal Representatives section

If a personal Representative executes this form, that Representative warrants that he or she has authority to sign this form on the basis of:_____