Shepherd Hill Regional High School

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(508) 943-5956

www.dcrsd.org

68 Dudley-Oxford Road
Dudley, Massachusetts 01571

William F. Chaplin, Jr.
Principal

Andrew J. Leach, Jr.
Assistant Principal

Michael D. Resener
Assistant Principal

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I hereby authorize____________________________________ to disclose the following protected health information from medical records of the patient listed below. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient and, if so, may not be subject to state law protecting its confidentiality.

Patient Name: _______________________________________Date of Birth: _________

Address: ____
Street City State Zip

Information to be disclosed to: Shepherd Hill Regional High School
Name

68 Dudley-Oxford Road
Address

Dudley, MA 01571
City State Zip

Disclose the following information for treatment dates: _______________to______________

- ☐ Complete Records
- ☐ Outpatient Reports
- ☐ Emergency Reports
- ☐ Other Specified____
- ☐ Consult
- ☐ Face Sheet
- ☐ Discharge Summary
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ History & Physical
- ☐ X-Ray
- ☐ Pathology
- ☐ Laboratory

The above information is disclosed for the following purposes:

☐ Medical Care ☐ Education ☐ Insurance ☐ Legal ☐ Other: ________________________

I understand that I may revoke this authorization at any time by requesting such of the above referenced hospital/physician practice in writing, unless action has already been taken in reliance upon it, or during a contestability period under applicable law.

This authorization shall remain in effect for the duration of the patient's attendance at Shepherd Hill Regional High School during the ____________________school year which ends on _______________________.

____ _______________________
Signature of Patient or Legal Representative Date

____ _______________________
Printed name of patient's representative Relationship to patient or authority to act for patient

THIS AUTHORIZATION SHALL BE DEEMED INVALID UNLESS ALL ENTRIES ARE COMPLETED

". . . committed to excellence with pride and unity."