

**St. Viator Parish School**  
**2023-2024**  
**Authorization for Use or Disclosure of Health Information**

**Patient/Student Information**

Name: \_\_\_\_\_

(Last)

(First)

(MI)

Date of Birth: \_\_\_\_\_

I hereby authorize, \_\_\_\_\_,  
(Name of health care provider)

to provide health information from the above named child's medical record to and from:

St. Viator Parish School  
4246 S. Eastern Ave., Las Vegas, NV 89119  
Phone: (702) 732-4477, ext. 134  
Fax: (702) 732-4418

**Description**

The health information to be disclosed consists of:

- ☐ Medical and/or related health records
- ☐ Psychological evaluations, behavioral assessments and/or social work reports
- ☐ Appropriate agency reports (if any)

**The Education Information to be Disclosed of Consists of:**

**Purpose: This information will be used for the following purpose(s):**

1. Educational evaluation and program planning
2. Health assessment and planning for health care services and treatment in school
3. Medical evaluation and treatment
4. Other: \_\_\_\_\_

**Authorization**

This authorization is valid from 2023 to 2024 school year. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I understand that St. Viator Parish School will protect this information as prescribed by the Family Education Rights and Privacy Act (FERPA) and I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature\*

\_\_\_\_\_  
Date

\*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form

**Copies**

- ☐ Parent or Student\*
- ☐ Physician or Other Health Care Provider Releasing the Protected Health Information
- ☐ School Official Requesting/Receiving the Protected Health Information