



Shelby Home and Public Health, Inc. and
Shelby Home Companions

142 N. Gamble St., Suite B, Shelby, OH 44875
Voice 419-342-6366 Fax 419-342-4108

Consent to Release Information

Name of Patient _____

List of Health Care POA(s): _____

Information may be released to the following people:

The following information may be released:

- | | | | |
|--------------------------|--------------------------|-----------|-----------------|
| <input type="checkbox"/> | Health Nurse Assessments | initials | verbal |
| <input type="checkbox"/> | Other (specify) _____ | ____/____ | parent/guardian |
| <input type="checkbox"/> | Other (specify) _____ | ____/____ | |

Health Insurance Portability and Accountability Act (HIPPA)

Family Education Rights and Privacy Act (FERPA)

Any and all personally identifiable information regarding children/families receiving Shelby Home and Public Health services or Shelby Home Companion services is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prevents the disclosure of personally identifiable information without parental consent except in limited circumstances, requires notice to be provided to the child's/adult's family regarding their privacy rights, requires providers to keep records of access to child's/adult's records and contains complaints and appeal procedures which apply to disputes over records in possession of Shelby Home and Public Health and Shelby Home Companions.

By signing below, I certify that I have authority to the above requested, released, or shared information. This document remains in effect until I revoke it in writing.

Signature _____

Date _____

Signature of Shelby Home and Public Health or Shelby Home Companions _____

Date _____

Additional information or signatures: _____

Contents/release of information