

AUTHORIZATION/AGREEMENT FORM 14

_____ Cadet Name

**SUBJECT: AUTHORIZATION FOR THE USE AND DISCLOSURE OF
INDIVIDUAL IDENTIFIABLE PROTECTED HEALTH INFORMATION**

Cadet Name: _____ (“my Child”)

I, the undersigned, am the parent or legal guardian of my Child who is enrolled at Massanutten Military Academy (MMA). I hereby authorize the use or disclosure of my Child’s individually identifiable protected health information (“PHI”) as described below.

1. Disclosures to Healthcare providers and Third-Party Payors/Insurers. MMA may disclose to any and all healthcare providers treating or otherwise rendering professional services to my Child (“Healthcare Providers”) all PHI of my Child, including without limitation that information contained in notes, reports, records, and the like copied or otherwise provided MMA, radiology, laboratory, diagnostic and/or other test data, results and reports including x-ray, MRI and CT films and reports provided to MMA; therapy reports, progress notes, and evaluations; photographs, diagrams or charts; and correspondence, all in the possession of MMA, however only to the extent deemed necessary by MMA for such treatment and/or other professional services. MMA may disclose to any and all third-party payors/insurers my Child’s PHI as may be necessary to apply for and to receive payment for such treatment and/or other professional services from such Healthcare Providers.

2. Disclosure to Massanutten Military Academy (MMA). Every Healthcare Provider to whom MMA refers my Child may disclose to MMA all PHI of my Child, including without limitations that information contained in notes, reports, records, and the like copied or otherwise provided to such Healthcare Provider; radiology, laboratory, diagnostic and/or other test data, results and reports including x-ray, MRI and CT films and reports provided to such Healthcare Provider, therapy reports, progress notes, and evaluations; photographs, diagrams or charts; an correspondence, however, only to the extent pertaining or related to the treatment or professional services received or needed by my Child for or in the course of such referral.

3. Uses by Massanutten Military Academy (MMA). MMA may disclose to its school and infirmary personnel and may use my Child’s PHI.

As the person signing this Authorization, I understand that I am voluntarily giving my permission to MMA and Healthcare Providers for disclosure and use of confidential healthcare records and my Child’s PHI described above. I also understand that I have the right to revoke this Authorization, but that my revocation is not effective until delivered in writing to the person who is in possession of my Child’s records or PHI. A copy of this Authorization and a notation concerning the recipient, other than by MMA and its

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personnel, to whom disclosure will be made shall be included with my Child's original records. The recipient of the records and information to which this Authorization pertains may not redisclose them to anyone else without my separate written consent except to the extent that action has been taken in reliance on this Authorization; however, I acknowledge the potential for such records and information disclosed to be subject to redisclosure by the recipient and to be no longer protected by federal privacy regulations.

I understand that this Authorization is in effect while my son/daughter is enrolled at Massanutten Military Academy.

Date: _____
Signature of Parent/Legal Guardian Printed Name

Cadet's Signature