SUFFOLK UNIVERSITY
LAW SCHOOL

Juvenile Defenders Clinic
120 Tremont Street
Boston, MA 02108
617-305.3200
617-305.1620 (fax)
www.law.suffolk.edu

Authorization to Disclose Protected Health and Other Information (HIPAA)

I, _____, (SS#: _____) authorize the following entities and individuals to release information regarding my medical, personal, educational, employment, institutional, social, criminal, and psychological history to my student-attorney, _____, and to other student-attorneys, social workers, or attorneys designated by the Suffolk University Law School Juvenile Defender Clinic.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and the Privacy Rule regulation found at 45 C.F.R. § 164.501 (2002) et seq., the dates of service for which the information is requested are from the date of my birth on _____ to **End of Representation**, the date of this release. *See* 45 C.F.R.§ 164.

In accordance with HIP AA, this authorization to release information will expire on

[upon] End of Representation _____ .

[Insert date or event]

I understand and direct that the purpose of releasing protected health information is for use by attorney in assisting me in my pending case(s). I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by my attorney for purposes related to my legal representation. I understand that such disclosures by my attorney will not be protected by HIPAA privacy rules.

The HIPAA "minimum necessary" standard does not apply to this request for disclosure to the individual who is the subject of the information. I am specifically requesting that all records and information in the possession or control of the entity or individual named above should be provided to my lawyer or other staff of his/her office.

"Information" includes typewritten or handwritten recordings of interviews, notes (including handwritten notes), log entries, records of all kinds, memoranda, electronic recordings, audiotapes, videotapes, compact disks, correspondence, emails, computerized records, other records, reports, and data entries of any kind. This release authorizes copying, by photocopy or otherwise, and transmission of said documents, via FAX or other appropriate means.

I reserve the right to revoke this authorization in writing by sending a dated letter signed by me or by all of the entities and persons named above.

The entities and individuals to whom this RELEASE is directed are as follows:

Hospitals, clinics, physicians, therapists, psychiatrists, nurses, psychologists, and any other medical or mental health professionals and personnel;

Educational institutions, schools, vocational programs' including education programs for learning disabled persons, programs for the educationally or mentally disabled persons, and specific education programs;

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School counselors, teachers, professors, principals, vice-principals, psychologists, therapists, nurses, and any and all school personnel;

Jail, prison, or law enforcement personnel, including police personnel, sheriff personnel, guards, prison officials, social workers, psychologists, psychiatrists, doctors, nurses, and mental health related personnel;

All court and judicial personnel, including clerks, judges, designated workers, probation officers, social workers, court reporters, court deputies, and court secretaries;

Department of Youth Services, Department of Children and Farnilies, Department of Mental Health, Department of Disability Services, and other state or local social services agencies or departments, offices of child protective agencies, caseworkers, social workers, nurses, assigned homemakers, and special assistance personnel;

Records custodians of any of the above named entities.

All persons, agencies, or corporations who have claim of confidentiality or privilege on behalf of the undersigned are hereby released from all claim of privilege or confidentiality related to information provided pursuant to this release. Claims of Privilege include all claims and protections pursuant to state, local, and federal statutes and constitutional provisions,

A photocopy of this release is intended to have the same force and effect as the original.

Signature: _____

Date: _____

Name (print) _____

Parent/Guardian Signature: _____

Date: _____

Name(print) _____

ALL FORMER RELEASES ARE DECLARED VOID