TOWN OF BELMONT YOUTH CENTER

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPPA")
VOLUNTARY AUTHORIZATION TO USE OR DISCLOSE
PROTECTED HEALTH INFORMATION

1. I, _____ ("Parent/Legal Guardian"), on behalf of student _____ hereby authorize the Town of Belmont Recreation Commission to use or disclose the health information set forth herein in Section 3 for the purposes set forth in Section 4. I understand that the information provided in Section 3, could be subject to re-disclosure by the Belmont Recreation Commission pursuant to this authorization, and, if so, that said information may not be subject to federal or state law protecting its confidentiality.

2. Student Information:

   Name: _____ Date of Birth: _____

   Address: _____

3. Parent/Legal Guardian on behalf of student hereby voluntarily authorizes the following medical conditions, allergies, and medications (to be taken during Youth Center hours or in an emergency) to be disclosed to the Belmont Recreation Commission.
   _____
   _____
   _____
   _____
   _____

4. Parent/Legal Guardian hereby voluntarily aggress that the Student's information contained in Section 3, including medical information, is required for the purpose of maintaining medical-related information by the Belmont Recreation Commission for use in emergency situations or for medical care.

   The information contained in Section 3 may be disclosed by the Belmont Recreation Commission for the following purposes, or for substantially similar purposes, as defined by criteria established by the Belmont Recreation Commission: (please check all that apply)

   _____ Emergency Care _____ Medical Care _____ Emergency Response

5. Parent/Legal Guardian, on behalf of minor student, understand that the Parent/Legal Guardian has the right to revoke his Authorization at any time, except to the extend that the Belmont Recreation Commission has already acted in reliance on the Authorization. To revoke this Authorization, Student's Parent/Legal Guardian understands that Parent/Legal Guardian must submit a written request to revoke to the Belmont Recreation Commission, ATTN: HIPPA REVOCATION, P.O. Box 56, 19 Moore Street, Belmont, MA 02478

6. This Authorization shall expire without any further action on behalf of the Parent/Legal Guardian upon written notification from the Parent/Legal Guardian indicating that the Student is no longer a participant in the Belmont Youth Center programming.

7. _____ _____
   Signature of Parent/Legal Guardian Date

   _____
   Print name of Parent/ Legal Guardian

(Attach evidence of authorization to act as Legal Guardian on behalf of Student) **A photocopy of this authorization shall be the legal equivalent of the original.**