BABOQUIVARI UNIFIED SCHOOL DISTRICT

P.O. Box 248
Sells, Arizona 85634

(520) 719-1200
Fax: (520) 383-5441

www.busd40.org

SCHOOL HEALTH
Tricia Logan, RN
BUSD District Nurse
Jolene Patricio
Health Aide-Intermediate Campus
Tonweya Narcho
Health Aide-Secondary Campus

SUPERINTENDENT
RUBEN DIAZ

VISION:
Our students will be loved, encouraged, and prepared to take on the world by embracing our Himdag.

MISSION:
We create Healthy Inspiring, Motivating Developing Achieving Graduates.

OUR PURPOSE
We create a positive academic impact on every child's life, everyday; with and additional commitment to support the Tohono O'odham culture and language

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

COMPLETE ALL SECTIONS, DATE, AND SIGN

I I, _____, hereby voluntarily authorize the disclosure of information from
(Name of parent/guardian)
my minor child's health record: _____ Date of Birth _____
(Name of student)

II. The information is to be disclosed to:

Baboquivari Unified School District #40-School Health

_____
(Name of Person requesting information) Address: PO Box 248, Sells, AZ 85634

III. The purpose or need for this disclosure:

Care Coordination between BUSD Health Office staff and _____
(Name of Facility/Organization)

IV. The information to be disclosed from minor child's health record:

Only information needed to coordinate care between medical facility and BUSD School Health:

_____Clinic/ED visits ____ Pharmacy ____Physical Therapy ____Social Services ____Dental services

Date of Service: _____ to _____

V. Permission to speak directly with individuals providing any of the care checked above: YES NO

VI This authorization for use or disclosure of protected health information is for the school year: _____

_____ **DATE** _____
(Signature of Parent/Guardian)

I understand that I may revoke this authorization, in writing, at any time to the Health Information Management Department, except for information released prior to the date of the revocation of this authorization. _____
(Signature of Parent/Guardian)