

HIPAA Release Authority:

I intend for Barefoot Church, Ascent Christian Academy, to be treated as I would be treated with respect to my rights or my child's/ward's rights regarding the use and disclosure of my child's/ward's individually identifiable health information or other medical records, but only to the extent reasonably required to notify the Legal Guardians and to make any decisions or grant any consents expressly granted to Barefoot Church, Ascent Christian Academy, it's staff and volunteers in this instrument. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act (a/k/a HIPAA), 42 USC 1320d and 45CFR 160-164.

I authorize any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and the Medical Information Bureau, Inc. or other health-care clearinghouse that has provided treatment or services to my child, or that has paid for or is seeking payment for such services to give, disclose and release to Barefoot Church, Ascent Christian Academy, without restriction, my child's/ward's aforementioned individually identifiable health information and records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse, but only to the extent reasonably related to or reasonably necessary in connection with any treatment of my child/ward pursuant to the authority to consent granted to Barefoot Church, Ascent Christian Academy, in this instrument.

The authority given to Barefoot Church, Ascent Christian Academy, and volunteers shall supersede any prior agreements that I may have made with my child's/ward's health-care providers to restrict access to or disclosure of my child's/ward's individually identifiable health information. The authority given to Barefoot Church, Ascent Christian Academy, and volunteers shall expire on the first to occur of the following: (i) the completion of the subject treatment of my child; (ii) the time that my child's Legal Guardian become personally and actively involved with the provider of such treatment services to my child/ward; or, (iii) in the event that I revoke the authority in writing and deliver it to my child's/ward's health-care provider. Otherwise, the authority given to Barefoot Church, Ascent Christian Academy, has no expiration date. The request for and/or receipt of any of my child's/ward's health information or records shall constitute an agreement between the Barefoot Church, Ascent Christian Academy, on the one hand, and my child/ward and his Legal Guardian, on the other hand, to keep all such health information and records confidential from all persons other than my child/ward and the Legal Guardians, without my prior written consent.

I agree to pay and I assume all financial obligations for medical treatment and services provided to my child/ward at the request and consent of Barefoot Church, Ascent Christian Academy, pursuant to the authority granted in this instrument to the extent such financial obligations are beyond those covered by insurance.

Parent/Guardian Signature

Witness

Date ____ / ____ / ____