



Northland Pioneer College

DISABILITY RESOURCE & ACCESS OFFICE

P.O. Box 610 * Holbrook, AZ 86025-0610 * (928) 532-6178 voice * (928) 532-6199 fax
HIPAA AUTHORIZATION FORM

Student's Full Name

Student's NPC ID Number

Address

Student's Date of Birth

City, State Zip Code

Student's Telephone Number

I hereby authorize use or disclosure of protected health information about me as described below:

- I am requesting that records about me be released from: Business/Office Name _____
 Contact Name _____
 Business/Office Address _____
 City, State Zip Code _____
 Fax Number _____

- The following person (or class of persons) may receive disclosure of protected health information about me:

**Northland Pioneer College – Disability Resource and Access Office
P.O. Box 610
Holbrook, AZ 86025-0610**

- The specific information that should be disclosed is (please give dates of service, DSM or ICD #'s if possible):

Diagnostic information and current limitations as they may apply to an educational environment.

UNLESS YOU SIGN HERE, NO INFORMATION ABOUT ALCOHOL/SUBSTANCE ABUSE, HIV/AIDS, OR MENTAL HEALTH WILL BE DISCLOSED:

YES, DISCLOSE THIS INFORMATION * _____

NO, DO NOT DISCLOSE THIS INFORMATION * _____

- I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.
- I may revoke this authorization by notifying Sandy Manor – DRA Coordinator in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
- My purpose/use of the information is for determining eligibility to receive academic accommodations.
- This authorization expires upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: I cease being a student at Northland Pioneer College.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING – note that signature is required in two places.*

Signature of Student*
 (The person about whom the information relates)

Date of Signature

Date of Birth

A copy of this completed, signed and dated form must be given to the Student.

Official Use Only		
_____ Date Received	_____ Processed By	_____ DRA Student Status