



Northland Pioneer College

OFFICE OF ACCESSIBILITY AND INCLUSION

P.O. Box 610 * Holbrook, AZ 86025-0610 * (928) 536-6246 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:

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

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

**Northland Pioneer College – Office of Accessibility and Inclusion
P.O. Box 610
Holbrook, AZ 86025-0610**

3. 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 * _____

4. 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.
5. I may revoke this authorization by notifying Sandy Manor – OAI 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.
6. My purpose/use of the information is for determining eligibility to receive academic accommodations.
7. 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	_____ OAI Student Status