National Jewish Health®
Morgridge Academy

Morgridge Academy Authorization to Use and Disclose Protected Health Information
1400 Jackson Street
Denver, Colorado 80206
303.398.1102 (main office)
303.270.2522 (fax)

Child's Name: ______________________________ DOB: ____________________

I, ________________________ , hereby authorize the healthcare providers below to release Records and/or speak with the staff at Morgridge Academy with regard to my child's medical care. Student records will be used to determine student eligibility for enrollment, class placement, academic, medical, and social/emotional goals, and program planning. The National Jewish/Morgridge staff that will have access to this information may include teachers, nurses, principal, therapists, clinicians, and physicians.

Regarding:	Regarding:
☐ Primary Care Physician (PCP) ☐ Medical Summary, PFT, Skin Testing ☐ Other: ____________	☐ Psychiatrist ☐ Therapist ☐ Psychologist ☐ Counselor ☐ Social Worker ☐ Other: ____________
Physician Name	Physician Name
Address, City, Zip Code	Address, City, Zip Code
Telephone Number Date	Telephone Number Date
Initials	Initials
Regarding: ☐ Specialist ☐ Medical Summary, PFT, Skin Testing ☐ Other: ____________	Regarding: ☐ Specialist ☐ Medical Summary, PFT, Skin Testing ☐ Other: ____________
Physician Name	Physician Name
Address, City, Zip Code	Address, City, Zip Code
Telephone Number Date	Telephone Number Date
Initials	Initials

Parent/Guardian Signature ____________ Witness Signature ____________ Date ____________

National Jewish Health may not condition treatment, placement, or eligibility for benefits on whether you sign this authorization; however, if you do not authorize the release of this information, you will be denied enrollment in the school. This authorization may be cancelled at any time by means of a written request. If you do cancel this authorization, Morgridge Academy staff will still have access to the protected health information disclosed before the date of the cancellation. After your protected health information has been disclosed, other individuals or entities may redisclose it. This authorization will not exceed a four year period of time.