

**EARLHAM COLLEGE  
BUSINESS OFFICE MEMORANDUM**

August, 2004

**TO:** All New Earlham Students  
**FROM:** Cherie B. Dolehanty, Assistant Vice President for Business Operations  
**SUBJECT:** Release of Student Insurance Claim Information to Parents and Guardians

In April 2004, compliance with HIPAA regulations was mandated by the federal government. HIPAA is the Health Insurance Portability and Accountability Act, and it requires that we protect the confidentiality of any information which could be considered private health information. This directly affects information which may be shared with parents or guardians of students covered by Earlham's student insurance plans; both the Injury and Sickness plan and the Intercollegiate Sports Injury plan.

Business Office personnel and the Earlham Athletic Trainer cannot discuss private health information, including the status of claims or claims processing information, with anyone except the student, unless we have permission from the student. The Business Office would be happy to help troubleshoot claims processing with the student insurance company, but we are not permitted to talk with your parent or guardian about this information without your permission.

Please complete the Authorization below and return it to the Business Office if you would like to allow your parent(s) or guardian to discuss student health insurance claim information with us. The Authorization will stay on file in the Business Office.

**Please see the opposite side of this sheet for more information about the Authorization form below.**

-----  
**Authorization for Release of Protected Health Information**

Earlham College personnel in the Business Office and/or the Athletic Department (specific to the Intercollegiate Sports Injury plan) are authorized to RELEASE my health information to the following individuals:

PRINT Full Name, Full Address and Phone Number: \_\_\_\_\_

PRINT Full Name, Full Address and Phone Number: \_\_\_\_\_

PRINT Full Name, Full Address and Phone Number: \_\_\_\_\_

**Please Check One:**

- You may release any information related to insurance coverage, the status of claims, medical condition and treatment information.
- You may release information about insurance coverage and the status of claims, but not my medical condition or treatment information.

**This form does NOT authorize the release of psychotherapy notes.**

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received by Business Office

**Submit to the Business Office, Drawer 194.**

## **Additional information about the Authorization for Release of Protected Health Information**

You can request a copy of your signed Authorization.

Signing the Authorization is voluntary and if you refuse to sign the form it will not prevent receipt of health care or eligibility for benefits under the student health insurance plans at Earlham College.

If the organization or individual authorized to receive the information is not a health plan or health plan provider, the released information may no longer be protected by federal privacy regulations.

We assume that the Authorization expires upon your graduation date, or the date that you withdraw or discontinue enrollment at Earlham College, whichever occurs first.

You have the right to revoke the Authorization at any time, but must send a written revocation to the Business Office at Earlham College. The revocation applies only to uses and disclosures made after the revocation is made.

This Authorization only applies to information provided to the Business Office or Athletic Trainer, by you or the student insurance company. Any health information you provide to Earlham's Health Services is protected by Health Services personnel, and would require a different release form. However, if you submit a claim to the student health insurance plan(s) for treatment which you received at Earlham's Health Services, the Business Office will then apply the Authorization form to that claim information.