



AUTHREUSE

**MUSC, Hollings Cancer Center Mobile HPV Vaccination Van
Consent for Release of Records and Information**

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Form Origination Date: 2/2022
Version: 1

Version Date:(2/2022)

Patient Name _____
MRN _____
PATIENT IDENTIFICATION LABEL

The _____ (“District”) shall obtain written consent before disclosing any personally identifiable information from an education record. I understand that the organizing facility will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA), state statutes and regulations, and state and District policies and procedures to ensure confidentiality regarding the release of student information. No information will be released or secured without prior approval from the parent except as provided by law.

The District has my permission to release and exchange medical and other personally identifiable information, as necessary, to representatives of the MUSC Mobile HPV Vaccination Van.

Consent to Release Confidential Information

By providing my signature below, I understand that granting consent for the release of personally-identifiable information from my child’s education records is voluntary and may be revoked at any time. If I later revoke consent, that revocation is not retroactive (i.e. it does not negate an action that has occurred after the consent was given and before the consent was revoked). I understand this consent is valid until I revoke it.

By providing my signature below, I understand the recipient of these records must obtain my written consent before it can further share my child’s information from the District with any other party, such as for the purpose of billing Medicaid. If I provide written consent for the service provider to share my child’s information with another party, the re-disclosure of my child’s information by the recipient may no longer be protected by the requirements of the FERPA.

Printed Student’s Name (legal name)
(or Student if 18 years or older or otherwise permitted by law)

Student’s Date of Birth

Signature of Parent or Legal Guardian/Representative
(or Student if 18 years or older or otherwise permitted by law)

Date

Witness Signature