

HIPAA WALLET CARD

Permission To Access to Your Child's Medical Information At College

When your child is at college, you may not be able to access medical information unless your child explicitly provides permission. If your child is sick, is in an accident, or needs medical help, medical professionals at college do not need to provide you information. By law, (*the Health Insurance Portability and Accountability Act of 1996, known as HIPAA*) medical professionals must keep a patient's medical information private, unless a patient has given permission to a specific person or people.

This wallet card can help make sure you have access to your child's medical information. The wallet card must be signed by your child and identify you.

This HIPAA Wallet Card is provided for your use by Allied Health Advocates LLC. Allied Health Advocates (AHA) is the first in-person, independent, patient advocacy company in Washington state. AHA helps patients and their families in navigating the health care system to make the best medical decisions and is a regional leader in the emerging industry of patient advocacy. For more information, including additional wallet cards, visit: www.ahadvocates.com or call us at 206.377.3000.

This is where you should write the names of the person/people who your child would like to have access to medical information (i.e. parent's name and phone number)

This is where your child's name and signature goes, giving permission.



**Authorization to Release/Use
Personal Health Information**

I hereby authorize all parties to disclose my personal health information, current or historical to:

(Signature on Back of Card)

Allied Health Advocates © 2012

My personal health information may include, without limitation, any information related to insurance benefits, claims and coverage, and other financial matters, HIV testing or treatment, genetic testing or treatment, substance abuse or dependency or mental/behavioral health. This Authorization will continue in effect until it is withdrawn.

Name: _____

Date Signed: _____ Birth Date: _____

Signature: _____