



**Please turn in this  
completed form in the  
envelope provided  
before August 1, 2018.**

**GSSM - Carolina Pines Regional Medical Center HIPAA Information Release Form**

**GSSM Student's Name:** \_\_\_\_\_ **\*DOB:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **\*DOB:** \_\_\_\_\_  
(or guardian)

**Father's Name:** \_\_\_\_\_ **\*DOB:** \_\_\_\_\_  
(or guardian)

**In accordance with HIPAA regulations, I/We give Carolina Pines Regional Medical Center's physicians, nurses, and staff permission to release medical information concerning our child's medical condition, treatment and records to the following Governor's School for Science and Mathematics (GSSM) staff members:**

- All GSSM Staff Nurses – Employees of CPRMC
- Director of Campus Life (and all staff members who identify themselves as a member of GSSM Campus Life Staff)
- Psychologist/Counselor
- Vice President for Student Development
- GSSM President

**I / We also give Carolina Pines Hospital's physicians, nurses, and staff permission to release information about our child's condition to the following individuals (family members, close friends):**

**Name:** \_\_\_\_\_ **\*DOB:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **\*DOB:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **\*DOB:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*\*Dates of birth (DOB) are provided to enable hospital personnel a means of verification of the person making the request for medical information.*