



## HEALTH SERVICES

500 E. NORTH ST. | BLOOMFIELD, IOWA 52537

Phone: 641-664-2200 EXT 1120 | Fax: 641-664-1764 | [www.dcmustangs.com](http://www.dcmustangs.com)

### AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Name(s): \_\_\_\_\_

I request and authorize \_\_\_\_\_ Name/Agency: \_\_\_\_\_  
to release healthcare information of the student named above to: Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

#### Your signature authorizes the following information to be exchanged:

- |   |   |
|---|---|
| <input type="checkbox"/> Medical status/diagnoses   | <input type="checkbox"/> Current medications/treatments |
| <input type="checkbox"/> Recommendations for school | <input type="checkbox"/> Other: _____                   |

#### Information in the following areas may not be exchanged without your special permission. Your signature authorizes your special permission for exchange of the following information:

- |   |  |
|---|--|
| <input type="checkbox"/> Mental health                | <input type="checkbox"/> Substance abuse/chemical dependence |
| <input type="checkbox"/> Sexually transmitted disease | <input type="checkbox"/> HIV/AIDS                            |

*Information shared will facilitate planning for the health and safety of the student while attending school.*

*This authorization is good until the following date, \_\_\_\_\_ or until one year after the date of signing, whichever occurs first. You may revoke this authorization, in writing, at any time, however, this does not affect information shared prior to your request for revocation. All members of the IEP team and, as appropriate, those identified as having legitimate educational interest may review the information received. The information may also be used in the future, including if the student moves, for the purpose of IEP decision making.*

*Health Insurance Portability and Accountability Act (HIPAA)/Family Educational Rights and Privacy Act (FERPA) Notice. Any and all personally identifiable information regarding children receiving special education services funded under the Individuals with Disabilities Education Act (20 U.S.C. §1400 et seq.) is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prohibits disclosure of personally identifiable information without parent consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to a student's records, and contains complaint and appeal procedures which apply to disputes over records in possession of special education or its providers, among other provisions. All special education providers comply with these procedures.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note to agency releasing information: It is the policy of Davis County Community Schools to make all information in the student's record available to student's custodial parent/legal guardian upon request.*