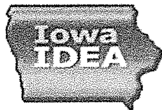

Authorization for Exchange of Information

Student:_________________________ **Birthdate:**____________

Parent:_________________________ **Student:**_________________________

Address:_________________________ _________________________

_________________________ _________________________

City, ST Zip:_________________________ _________________________

Home:____________ **Cell:**____________

Parent/Guardian/Eligible Student (over 18, own guardian):

Your signature on this Authorization for Exchange of Information will give the individuals, programs, organizations, and entities listed on the following page(s) of this Authorization permission to exchange the information indicated below.

The purpose for the exchange of information is:

Your signature will give your permission for the following specific information to be exchanged:

☐ Medical Status ☐ Current Medications/Treatments

☐ Recommendations for School ☐ Other:_________________________

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

☐ Mental health ☐ Substance abuse/chemical dependence ☐ Sexually transmitted disease ☐ HIV/AIDS

Your signature will give your permission for the exchange of information by the methods indicated:

☐ Yes ☐ No The exchange of written records containing the information described in this release by the agencies or individuals specified

☐ Yes ☐ No The verbal exchange of the information described in this release by the agencies or individuals specified

Before giving your permission for exchange of information, please carefully review the following:

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. section 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.

If you have questions, please contact:

Contact Person:__________ District/Agency:__________

Address:__________ Email:__________

Phone:__________

City, ST Zip:__________

I understand my rights related to this exchange of information. As per the conditions described in this Authorization for Exchange of Information, I consent to the exchange of information with the individual(s), program(s), organization(s), and entity(ies) listed below.

Signature of Parent/Guardian Date

1. Name:__________ Address:__________
   Agency/Relationship__________
   Phone:__________ Fax:__________ City, ST Zip__________
2. Name:__________ Address:__________
   Agency/Relationship__________
   Phone:__________ Fax:__________ City, ST Zip__________
3. Name:__________ Address:__________
   Agency/Relationship__________
   Phone:__________ Fax:__________ City, ST Zip__________

Copies: parents/guardians, LEA, AEA, previously listed individuals and organizations July 1, 2014