

New Students if applies

### CONSENT FOR INFORMATION DISCLOSURE/REQUEST

Student: \_\_\_\_\_

AKA: \_\_\_\_\_

Birthdate: \_\_\_\_\_

SS#: \_\_\_\_\_

I, \_\_\_\_\_, authorize Edgemont School District to: (check either or both).  
(print name of student/parent/guardian)

( ) receive information from, ( ) disclose information to: \_\_\_\_\_  
(person/organization, address, phone/fax)  
\_\_\_\_\_  
\_\_\_\_\_

**Disclosed Information Limited To:**

- 1) Educational Assessment including: ability Achievement, adaptive behavior
- 2) IEP
- 3) School attendance records
- 4) Psychological Evaluation
- 5) Psychiatric Evaluation
- 6) Diagnosis Information
- 7) Medical Information (Including Medication)
- 8) Summary of contacts and Treatments
- 9) Discharge Summary
- 10) Client Attendance at Appointments
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Purpose for Disclosure:**

- Establish History/Diagnosis/Individual Educational Plan
- Coordinate Services
- Court Testimony
- Referral for Services Evaluation
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**FORM IN WHICH INFORMATION IS TO BE DISCLOSED:**

- Written
- Verbal
- Fax
- E-Mail
- Other \_\_\_\_\_

**Prohibition on Re-disclosure:** Information authorized by this consent has been disclosed from records whose confidentiality is protected by Federal Regulations (42CFR Part 2). Federal regulations prohibit disclosure of this information except with specific written consent of the person to whom it pertains, unless otherwise provided for in the regulations. A general authorization for the release of medical or other information if held by another party is NOT sufficient for the purpose. The Federal regulations (42CFR Part 2) restrict any use of the information to criminally investigate or prosecute an alcohol or drug abuse history patient.

I understand that my records are protected under Federal and State and/or Federal regulations and cannot be disclosed without my written consent unless otherwise provided for in State and/or Federal regulations. I also understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent will expire on the date or event specified. If not specified, this consent will expire 1 year from the termination of services. Specification of any special date, event, or condition upon which this consent expires: \_\_\_\_\_

Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

Information that was released:

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_