

AUTHORIZATION FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

I, _____ (name of parent/guardian/student if 18 or over), hereby authorize the provider listed below to disclose certain protected health/education information of the student named below to officials of the Wake County Public School System for the purpose indicated below. If indicated, I also give permission to officials of the Wake County Public School System to disclose confidential education records to the provider indicated below.

Full name of student (patient): _____
Date of birth: _____ Student ID: _____

Outside Provider:

Name: _____
Agency: _____
Tel: _____ Fax: _____
E-mail: _____

Check all that apply: May provide information to school _____ May receive information from school _____

WCPSS School:

Name: _____
Position/Title: _____
Tel: _____ Fax: _____
E-mail: _____

May provide protected health information to the outside provider: Yes No
May provide educational records and/or personally identifiable information to the outside provider: Yes No

Information to be provided/exchanged (check all that apply):

- Medical records Grades Immunization records
- Treatment records Attendance Disciplinary records
- Diagnostic records Special education file
- Other (please specify): _____

This information is provided for the following purpose: _____

This authorization shall expire on (provide a date or event): _____

Please read and initial the following statements:

- _____ I acknowledge that I may revoke this authorization by providing notice, in writing, to either of the persons/organizations named above at the address indicated above. I further acknowledge that such notice does not apply to information disclosed prior to either party receiving notice of my request to revoke this authorization.
- _____ I acknowledge that I may refuse to sign this authorization and that my refusal will not affect my ability or inability to obtain treatment, payment, enrollment, or eligibility for benefits from the outside provider.
- _____ I acknowledge that the Wake County Public School System is subject to confidentiality rules under federal and state law that differ from those of the agency providing this information.
- _____ I acknowledge that this form was completed prior to my signing my name below.

Signature of parent/legal guardian/student (if 18 or over) _____
Date