



## Authorization for Exchange of Medical Information

<b>Section I – INFORMATION REQUESTED FROM</b>		
Name/Agency	Name of Person Disclosing Information	
Address	Title	
Student's Name	Birth Date	Date
Specific nature of information to be disclosed:		
<b>Section II - AUTHORIZATION</b>		
<p>I Hereby authorize the release of medical information as described above to the individual who are affiliated with the school/agency indicated in Section III. <b>I have the right to revoke this authorization at any time. Revocation must be made in writing and presented to the school office. Revocation will not apply to information that has already been disclosed in response to this authorization. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by the Health Insurance Portability and Accountability Act (HIPPA). Records received by the Wenatchee School District, however, are protected from redisclosure under the Family Education Rights to Privacy Act (FERPA).</b></p> <p>This authorization expires at the end of the school year. This authorization expires on _____</p> <p>Parent Signature _____ Date _____</p> <p>Student Signature* _____ Date _____</p> <p>*If the student is a minor but is authorized to consent to health care without parental consent under federal and state law only the student shall sign this authorization form.</p> <p style="margin-left: 40px;">Students Consent:</p> <div style="margin-left: 100px;"> <p>HIV AIDS status, diagnosis, treatment – 14 years of age</p> <p>Family Planning/Abortion – no age limit</p> <p>Alcohol/Drug treatment – 13 years of age</p> <p>Mental Health Services – 13 years of age</p> </div>		
<b>Section III – AGENCY RECEIVING INFORMATION</b>		
Name/Agency		
Address		
Name of School Nurse		

This information disclose to you is protected by state and federal law. You are prohibited from releasing it to any agency or person not listed on this form without specific written consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient. See chapter 70.02 RCW.

**Envelope shall be marked “CONFIDENTIAL”**

