

Eldon R-1 School

Authorization of Disclosure Consent

Student Name: _____
SS# _____ D.O.B. _____

I, _____ (parent) hereby authorize Eldon R-1 School to disclose verbal/and or written information regarding my child:

Name of agency/person: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____

and also authorize the named agency/person above to disclose verbal and/or written information to Eldon R-1 School.

I would like the following identifying information from my child's records:
(Initial items that may be disclosed)

- | | |
|--|--|
| <input type="checkbox"/> Intake assessment | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Psychological/Psychiatric Information | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Progress toward goals of Treatment Plan | <input type="checkbox"/> Discharge summary |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Educational testing | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Grades, Attendance, Behavior Reports | <input type="checkbox"/> Evaluation Report |
| <input type="checkbox"/> Legal Information | |
| <input type="checkbox"/> Other _____ | |

The purpose of need for such disclosure is to assist in the educational, psychological/social and emotional adjustment and development of my child. When recommendations for classroom placement and management are necessary, I authorize the above-mentioned agency/person to consult with Eldon R-1 School.

This authorization to disclose information may be revoked by me in writing at any time, except to the extent that action has been taken in reliance thereon. This authorization will expire one year after the date it was established, unless expressly revoked earlier.

Witness Signature _____ Date: _____

Legal Guardian/Parent Signature: _____ Date: _____

Prohibition on redisclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations when applicable (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state any person who violates any provision of this law shall be fined not more than \$500.00 in the case of the first offense, and not more that \$5,000.00 in the case of each subsequent offense.