

SECTION 504 RELEASE OF INFORMATION AND RECORDS

For the purpose of providing appropriate instruction and assistance in school, a mutual exchange of information and records is required for your child.

Name of Student: _____ DOB: _____

School: _____ Grade: _____

The requested exchange is between the _____ County Schools and the following:

(hospital, clinic, physician, institution, association, or school)

Address: _____

Name of Contact Person: _____ Phone: _____

Records that may be exchanged include the following: (check all that apply)

_____ Release all information

_____ Release the checked information:

_____ General identifying data (name, address, birth date, grade level completed, grades, class standing, attendance record)

_____ Standardized achievement and aptitude test scores

_____ Personality and interest scores

_____ Teacher ratings

_____ Record of extra-curricular activities

_____ Individualized education programs

_____ Psychological reports

_____ Medical reports

_____ Psychiatric report

_____ Other: _____

Consent of Parent/Guardian for Release of Information

I authorize _____ County Schools and the above named agency to exchange information and records as indicated. Except as limited above, this authorization encompasses all information pertaining to the minor, including protected health information (PHI) as defined in the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations, and education records as defined in the Family Educational Rights and Privacy Act (FERPA) and WV Code _____.

We expressly waive all provisions of law (including, but not limited to, the privacy provisions of HIPAA, FERPA, and WV Code _____), forbidding any physician or other person who has or may hereafter treat, attend, or examine the minor, or any educational agency, from disclosing any knowledge or information, including PHI, which they may have thereby acquired.

Pursuant to HIPAA, the following are specified as part of this authorization:

- a. The purpose of disclosure is for assisting the County in offering the student a free appropriate public education pursuant to Section 504 of the Rehabilitation Act of 1973.
- b. This authorization expires one (1) year after the date it is signed.
- c. The parents signing this permission form understand that they may revoke this authorization at any time by providing written notification to the Center's Section 504/ADA Compliance Officer, the building principal or the Building 504 Officer, or the individual and/or organization listed above, except to the extent that this authorization has already been relied upon.
- d. The parents signing this form have been informed that the individual and/or organization listed above may not condition treatment, payment, enrollment, or eligibility for benefits on whether the parents sign this authorization.
- e. The parents signing this form have been informed of the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and to be no longer protected by HIPAA. The parents signing this form are also aware that any information disclosed to a County is subject to other state and federal privacy laws.

Parent's Signature	Relationship to Student	Date Signed
Address: _____		Phone: _____

Please send released information/records to: _____ (Principal/Designee)
 _____ (School)
 _____ (Address – line 1)
 _____ (Address – line 2)

Copies to: Parent/Guardian Cumulative Folder