

**Western Dubuque County Community School District**  
***Authorization for Release of Medical, Mental Health and Educational Information***

The purpose of this release of information is to assist in the evaluation, instruction, educational planning or other services that may be provided. Information from this release can be shared with the Western Dubuque School District personnel who have a legitimate educational purpose. If, instead, only a specific person(s) should receive or send information, please indicate: \_\_\_\_\_

1. Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School attending: \_\_\_\_\_ Contact Person: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

The reason for this request is: \_\_\_\_\_

2. I hereby give my consent for Western Dubuque Community Schools to release information to and/or receive information.

Name of Institution/Agency: \_\_\_\_\_

Person and Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

3. All information that is to be shared must have a parent/guardian signature.

ITEMS	SPECIFY IF NECESSARY	SIGNATURE
A. Educational Records	_____	_____
B. Medical	_____	_____
C. Mental Health Services	_____	_____
D. Substance Abuse Information	_____	_____
E. HIV/AIDS Related Information	_____	_____
F. Other	_____	_____

I have read the Assurances on the back of this form or this information has been read to me. I therefore authorize the release/disclosure of the information described above.

My relationship to the child is: \_\_\_\_\_

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

Address: \_\_\_\_\_

## ***ASSURANCES***

I understand that:

- The information will be used by appropriate school personnel for educational programming and related services.
- Disclosure of information can be verbal/written, copies of reports/findings, general observations/impressions of educational staff and administration.
- I have the right to inspect disclosed information upon proper notification and under appropriate conditions established by the school district with a school designee to assist me.
- The authorization period of this release will expire one year from the date of signature unless otherwise noted; and revocation will require a written notice with date and signature to the authorized agency/individual. Such revocation will not apply to the release of information made prior to receipt of such written notice.

### **NOTICE TO RECIPIENTS OF MENTAL HEALTH INFORMATION**

In accordance with the Iowa Mental Health Information Disclosure Act (Iowa Code, Chapter 228), a recipient of mental health information may redisclose this information only with the written authorization of the subject or the subject's legal representative or as otherwise provided in Chapter 228 and 229. Unauthorized disclosure is unlawful and civil damages and criminal penalties may apply. Federal confidentiality rules (42 CFR Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

### **NOTICE TO RECIPIENTS OF SUBSTANCE ABUSE INFORMATION**

This information has been disclosed from records whose confidentiality is protected by Federal law, Iowa Code, Chapter 125 and Federal regulations (42 CFR, Part 2) prohibit any further disclosure without the specific written consent of the person to whom the information pertains, or as otherwise permitted by such statute and regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

### **NOTICE TO RECIPIENTS OF HIV-RELATED TESTING INFORMATION**

This information has been disclosed to you from records whose confidentiality is protected by law. State law prohibits you from making any disclosure of the information without specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose. (Iowa Code Ch. 141.23) Federal confidentiality rules (42 CFR, Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.