

SAU #34

Hillsboro-Deering, Washington, Windsor, PO Box 2190, Hillsborough, NH 03244

Authorization for the Release of Educational, Health and Medical Information

This authorization pertains to the protected health information and educational information regarding:

Student/Patient Name

Date of Birth

This authorization allows HSD to (check all that apply):

- Provide verbal and written information to the individual or entity named below.
 Obtain verbal and written information from the individual or entity named below.

HSD Contact Information:

Name: _____
Address: _____
Phone/Fax: _____

Individual/Entity Contact Information:

Name: _____
Address: _____
Phone/Fax: _____

Type(s) of Information to be Disclosed:

- | | |
|--|---|
| <input type="checkbox"/> Medical Evaluations/Summaries | <input type="checkbox"/> Academic Evaluations/Summaries |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Meeting Minutes |
| <input type="checkbox"/> Progress/Grade Reports | <input type="checkbox"/> Educational Plans |
| <input type="checkbox"/> Substance Abuse Treatment Information | |
| <input type="checkbox"/> Other: _____ | |

Purpose(s) of Disclosure:

- | | |
|--|--|
| <input type="checkbox"/> Educational consultation and planning | <input type="checkbox"/> Treatment consultation and planning |
| <input type="checkbox"/> Coordination of care/services | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Emergency contact | |
| <input type="checkbox"/> Other: _____ | |

Information will be released only with a valid signature below. This authorization will expire 1 year from the signature date, unless otherwise specified. I understand that I can cancel this authorization at any time. Cancellations of authorization do not apply to information that has already been released while this authorization was valid. I understand that SAU 34 cannot guarantee the confidentiality of released information because the recipient may not be subject to federal laws governing the privacy of medical, health and educational information.

Signature of Student (if 18 years of age or older)

Date

Signature of Parent or Legal Guardian (if student is below 18 years of age)

Date