

Beaver Dam Unified School District Pupil Services Department

HIPAA Compliant Authorization for Exchange of Health and Educational Information

This form authorizes the two agencies listed below to exchange information from the records of:

Name: _____

DOB: _____

AGENCY 1	AND	AGENCY 2
Beaver Dam Unified School District 400 E. Burnett Street Beaver Dam WI 53916		

Purpose of this disclosure:

Educational Evaluation &
Program Planning

Health Assessment & Planning for Health
Care Services and Treatment in School

Medical Evaluation and Treatment

Other _____

The information to be released may include:

Psychological Evaluation

Educational Evaluation

Social History

Special Education Record

Psychiatric Evaluation

Treatment Recommendation

School Behavioral & Progress Record

Alcohol or Drug Abuse Information

Patient Health Care Records - Information to be disclosed consists of: _____

Authorization

This authorization is valid for one calendar year. It will expire on _____ (*insert date*). I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. **I understand that revocation of the authorization will not affect any action taken in reliance on this authorization before written notice of revocation is received.** I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statute 118.25(2m)(a)(b) and 146.82-146.83. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care. Information beyond date of signature may be released. Faxes/copies of this release are acceptable as original.

Parent Signature

Date

Student Signature

Date

*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Wisconsin, a competent minor, depending on age, can consent to alcohol and drug abuse treatment, testing for HIV/AIDS, and family planning services.