Beaver Dam Unified School District
Pupil Services Department

HIPPA 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

Beaver Dam Unified School District
705 McKinley Street
Beaver Dam, WI 53916

and

Agency 2

_____
_____
_____

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 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 Statutes 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.

A signed copy of this authorization should be kept with the student's records.