

Mutual Exchange of Confidential Records/Patient Health Information

Student Name: _____ Date of birth: _____

Monroe Public Schools	Phone # _____	Fax _____
Attention _____		
Address _____		
City, State, Zip _____		

and

Name of Provider _____	Fax _____
Agency _____	
Street Address _____	
City, State, Zip _____	Phone # _____

 I hereby consent to the release and/or exchange of the following information (✓ *check all records requested*)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Developmental Evaluation</td></tr> <tr><td><input type="checkbox"/></td><td>Diagnosis & Treatment Notes</td></tr> <tr><td><input type="checkbox"/></td><td>Drug/Alcohol Assessment</td></tr> <tr><td><input type="checkbox"/></td><td>Educational Records</td></tr> <tr><td><input type="checkbox"/></td><td>Inpatient Records/Discharge Summary</td></tr> <tr><td><input type="checkbox"/></td><td>Laboratory/Diagnostic Test Results</td></tr> <tr><td><input type="checkbox"/></td><td>Consultation with Provider re:</td></tr> </table>	<input type="checkbox"/>	Developmental Evaluation	<input type="checkbox"/>	Diagnosis & Treatment Notes	<input type="checkbox"/>	Drug/Alcohol Assessment	<input type="checkbox"/>	Educational Records	<input type="checkbox"/>	Inpatient Records/Discharge Summary	<input type="checkbox"/>	Laboratory/Diagnostic Test Results	<input type="checkbox"/>	Consultation with Provider re:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Medical Records</td> <td style="width: 50%;"><input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> All</td> </tr> <tr><td colspan="2">Medication Management</td></tr> <tr><td colspan="2">Mental Health Records</td></tr> <tr><td colspan="2">Neuropsychological Evaluation</td></tr> <tr><td colspan="2">OT/PT/Speech Reports</td></tr> <tr><td colspan="2">Other:</td></tr> </table>	<input type="checkbox"/> Medical Records	<input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> All	Medication Management		Mental Health Records		Neuropsychological Evaluation		OT/PT/Speech Reports		Other:	
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In addition to the above named Monroe Public Schools employee, I authorize disclosure of information specified above to the following individuals. I understand this information is confidential, that additional disclosure cannot occur without authorization.

<u>Name/Position</u>	<u>Name/Position</u>

This authorization is valid from ____/____/____ to ____/____/____.

Note: The release of medical records can be no longer than 90 days after this authorization is signed by student*/parent.

I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Neither treatment nor payment to the medical provider is dependent on this signed authorization. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release. I understand that any disclosure of information carries with it the potential for further release or distribution by the recipient that may not be protected by federal confidentiality rules.

Student Signature* _____ Date _____

Parent/Guardian Signature _____ Date _____

*If the student is a minor but is authorized to consent to health care without parental consent, under federal and state law the student shall sign this authorization form. No disclosure may be made without specific authorization.

Student Consent:	Age	Student Consent:	Age
Mental health (outpatient)	13 years	Sexually transmitted diseases (STD)	14 years
Drug, alcohol abuse (outpatient)	13 years	Human immunodeficiency virus (HIV)	14 years
Chemical dependency treatment (residential)	18 years		

The information disclosed is protected by state and federal law. Releasing to an agency or person not listed on this form without specific written consent of the person to whom it pertains is prohibited. A general authorization for release of medical or other information is not sufficient. See chapter 70.02 RCW.