

MAHONING COUNTY CONSENT TO RELEASE AND EXCHANGE INFORMATION

SCHOOL NAME _____

STUDENT'S NAME _____ SSN _____ DOB _____

The above mentioned agency is hereby granted my permission to release and exchange information with:

_____ *sharing agency name(s)* _____

To provide the following information:

- Alcohol / drug history
- Case summary
- Counseling services
- Discharge summary/recommendations
- Intake data – assessment/social history
- Juvenile court involvement
- Medical information specific to: _____

- Police reports
- Psychiatric information
- Psychological evaluation
- School – individualized education plans
- School – multifactored evaluation reports
- School – performance – academic/behavioral
- Treatment or progress information
- Complete record
- Other: _____

For the purpose of:

- My child's protected health information will be used or disclosed upon request for the following purposes: **To present to my child's school members of the educational/IEP team. The IEP team will review the information and use to develop goals and objectives and identify necessary services. The information will assist the team in determining the least restrictive environment for his/her educational program.**
- Other _____

Consent is valid:

- for _____ days, expiring on _____.
- until termination of case.
- other: _____.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and state laws, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, with consent expiring as noted above. I understand that the above named agency authorized to receive this information has the right to inspect and copy the information to be disclosed.

I have read and fully understand the above conditions and hereby give my consent.

Student: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Witness: _____ Date: _____

I hereby revoke the aforesaid consent.

Student: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Witness: _____ Date: _____