

Student Name \_\_\_\_\_

Placement Date: \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, am granting permission for information relating to  
 (parent/legal guardian name)

my child, \_\_\_\_\_, to be released, shared, and/or exchanged for the  
 (student's name)

purpose of better providing services to him/her during placement at Impact Academy.

Please identify all agencies you are authorizing to release from or exchange information with:

<input type="radio"/> Impact Academy <input type="radio"/> Placing School District: _____ <input type="radio"/> Medical Doctor/Office: _____ <input type="radio"/> Mental Health Agency: _____ <input type="radio"/> Juvenile Court/Probation: _____ <input type="radio"/> Other: _____
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This Release of Information authorizes all records pertaining to the student listed above to be released, shared, and/or exchanged that relate only to the agencies/parties listed above and their services with the student. These may include the following, if applicable:

- Identifying information: name, birth date, sex, current street address & telephone number.
- Academic Information (Individualized Education Plan (IEP), Multi-Factored Evaluations (MFE/ETR's), vocational assessments, grades, and attendance )
- Medical/Physical Health Info. (excluding HIV, AIDS & drug/alcohol treatment records)
- Psychiatric/Mental Health Information (including psychological evaluations, treatment/service history, diagnostic assessments, past/current medication intake, Individualized Service Plans (ISP's), transition/discharge plans)

I understand that this Authorization for Release of Information only allows those parties whom I have listed above my permission to release, share, and/or exchange information with Impact Academy. This Authorization for Release of Information expires on the date that the above-listed student's placement ends, unless otherwise allowed by the parent/legal guardian. It has also been made known to me that I have the right to revoke

Student Name \_\_\_\_\_

this Authorization for Release of Information at any time during my child's placement, by stating so in writing—which is to include the effective date of revocation, reasons for revocation, and my accompanying legal signature—and delivering it in person to Impact Academy Administration. Dissolution of this Authorization for Release of Information does not include information or records that have already been released, shared, or exchanged between the original time of this authorization and the time that it is terminated.

_____ Signature of Student, if of legal age	_____ Date
_____ Signature of Parent/Legal Guardian	_____ Date
_____ Impact Academy Representative	_____ Date

**Violation of Federal Law & Regulations by a program is a crime. Suspected violations may be reported to the United States Attorney General in district where the violation occurs.**

**NOTICE TO ALL AGENCIES/PARTIES RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED AUTHORIZATION:**

1. If any records released include information of diagnosis or treatment of drug- or alcohol-related conditions, the following statement applies:

Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosures of such without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose.

2. If any records released include information of AIDS/HIV-related diagnosis or test result, the following applies:

This information has been disclosed to you from confidential records protected from disclosure by state law. No further disclosure of this information without the specific, written and informed release of the individual to whom it pertains, or as otherwise permitted by state law, is permitted. A general authorization for the release of medical or other information is **NOT** sufficient for the purpose of the release of AIDS or HIV test results or diagnoses.

3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of this information is prohibited, unless the further disclosure is expressly permitted by the person to whom it pertains, Juvenile Court/DYS in the case of Youth records, or applicable federal and/or state law.