



AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

STUDENT'S NAME: \_\_\_\_\_ D.O.B. (mm/dd/yyyy) \_\_\_\_\_

I, the undersigned parent/guardian of the above student, hereby authorize Elim Christian Services and its agents and employees to disclose/exchange the following records and information regarding my above-named child with:

NAME \_\_\_\_\_
ADDRESS \_\_\_\_\_
PHONE # \_\_\_\_\_
EMAIL ADDRESS \_\_\_\_\_

Description of records/information to be disclosed/exchanged:

- Individualized Education Program (IEP)
Medical/Health Records
Vision & Hearing Screenings
Educational Assessment
OT/PT Information
Attendance Reports
Progress Reports
Treatment & Progress Notes
Speech/Language Evaluation(s)
Transition Plans
Vocational Assessment
Grade Reports
All School and Special Education Records
Medication Records
Social Developmental History
Psychological Evaluation(s)
Psychiatric Evaluation(s)
Disciplinary Reports
Therapeutic Summaries
Therapy Notes (Initials Required)
Other

These disclosures are authorized by me and are to be made for the purpose of:

- Educational/Treatment Planning
Legal Purposes
Other

By signing below, the undersigned acknowledges, understands and agrees to the following: Redisclosure: The information used or disclosed in accordance with this authorization may no longer be protected by federal law and could be used or redisclosed by the receiving party, pursuant to any agreement the undersigned may have with such party. Refusal to Sign: Refusal to sign will result in the records or information not being disclosed or exchanged. Revocation: There is a right to revoke this consent in writing at any time, however, it is such revocation will not apply to the use, exchange, or disclosure of records/information that have already been used, exchanged or disclosed pursuant to this authorization. Inspect, Copy & Challenged: There is a right to inspect and copy, limit or challenge the contents of the records being requested prior to release. The undersigned has a right to receive a copy of this completed form. Alcohol/Substance Abuse Information: If any requested records contain information regarding alcohol or drug abuse treatment, these records are protected by Federal confidentiality rules. These rules prohibit further disclosure of this information unless further use or disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by Federal rules. A general authorization for the use or release of medical or other information is insufficient for this purpose. Federal rules restrict use of the information for criminal investigation or prosecution of any alcohol or drug abuse patient. Electronic Copies/Signature: Any signed e-mailed, faxed, copied or electronic versions of this document, including the undersigned electronic signature in any form (i.e., digital signature/image, use of symbol, electronically delivered/created, e-mailed, faxed, PDF, JPEG or other format), shall carry the same force and effect as the original. Release: The undersigned hereby releases Elim Christian Services from all legal responsibilities or liability that may arise from the use, disclosure or redisclosure of medical or other records and other health information in reliance on this authorization. Authority: The undersigned affirms that he/she is the authorized representative/parent/guardian of the above-named student and that his/her identification and proof of authority is true and correct, and that he/she has the authority to consent to the disclosure of information pursuant to this release. Authorization: The undersigned intends to authorize the release of the above-designated records per these terms and conditions.

THIS AUTHORIZATION EXPIRES ON (insert date): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.
If no expiration date or event is specified, this authorization will expire on the date it was signed.

Parent Name & Signature \_\_\_\_\_ Date \_\_\_\_\_
Witness Name & Signature \_\_\_\_\_ Date \_\_\_\_\_
Student Name & Signature (if 12 years or older) \_\_\_\_\_ Date \_\_\_\_\_
Witness Name & Signature \_\_\_\_\_ Date \_\_\_\_\_