AUTHORIZATION FOR EXCHANGE OF HEALTH CARE AND/OR EDUCATION INFORMATION

Spokane Public Schools
excellence for everyone

Student #: _____

Student's Name: _____ **Birthdate**: _____
Date: _____ **School**: _____

I hereby authorize the exchange of health and/or education information:

Between School District Staff (listed below) **and:**

_____ _____
Name of SPS Staff Member Name of Agency/Individual

_____ _____ _____
Title Phone/Fax Phone/Fax

_____ _____
Address Address

_____ _____
City, State, Zip Code City, State, Zip Code

_____
Other SPS Staff (if needed)

_____
Title Phone/Fax

Specific nature of information to be disclosed: _____
_____
_____

Purpose for which disclosure is being made: _____
_____
_____

I hereby authorize the exchange of health care information as described above. I recognize that this information, once received by the school district, may no longer be protected by the HIPAA Privacy Rule and become educational records protected by the Family Education Rights and Privacy Act (FERPA), but will be handled in compliance with applicable state and federal laws and school district policies and procedures.

This authorization expires with the end of the school year or on ____/____/____, whichever is sooner. I may terminate this authorization in writing at any time. I have a right to a copy of the authorization and may inspect and receive a copy of the disclosed or used information.

_____ _____
Signature of Parent/Legal Representative **Date** **Student Signature*** **Date**

*If the student is a minor but is authorized to consent to health care without parental consent under federal and state laws, only the student shall sign this form (RCW 70.02.030).

___ HIV/AIDS, STD status, diagnosis, treatment (Consent may be given by student 14 years of age)
___ Family Planning/Abortion (Consent may be given by student of any age)
___ Alcohol/Drug Treatment (Consent may be given by student 13 years of age)
___ Mental Health Services (Consent may be given by student 13 years of age)

(Information exchanged, if in writing, shall be marked "CONFIDENTIAL")