

**DEERFIELD COMMUNITY SCHOOLS
AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**

Pupil Name: _____ **Date of Birth:** _____ **Grade:** _____

INSTRUCTIONS: STEP 1: Complete the *Authorization Statements* section below by placing a check mark by ONE OR BOTH of the statements. In order to allow the exchange of information between the Deerfield Community School District and the identified individual/entity, please check both of the Authorization Statements. **STEP 2:** Complete the *Information To Be Disclosed* section by placing checkmarks by the information that may be disclosed. **STEP 3:** Complete the *Purpose of Disclosure* section by placing checkmarks by the appropriate purpose of disclosure. **STEP 4:** Review the Acknowledgements & Signature section and sign the authorization.

AUTHORIZATION STATEMENTS:

- DISCLOSURE BY SCHOOL DISTRICT.** I authorize the Deerfield Community School District to disclose by any means (including written, oral or electronic means) the information indicated below regarding the pupil to:

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

- DISCLOSURE BY SCHOOL DISTRICT.** I authorize _____ (insert name of individual, organization, or agency) to disclose by any means (including written, oral or electronic means) the information indicated below to the Deerfield Community School District.

DEERFIELD ELEMENTARY SCHOOL
340 W. QUARRY STREET
DEERFIELD, WI 53531
(608) 764-5442 Fax: 608-764-8652

DEERFIELD MIDDLE/HIGH SCHOOL
300 SIMONSON BLVD.
DEERFIELD, WI 53531
(608) 764-5431 Fax: (608) 764-5433

INFORMATION TO BE DISCLOSED:

Education Information/Records

- Progress Records
 Behavioral Records
 Pupil Physical Health Records
 IEP/Evaluation Reports
 Special Education Records
 Psychological Records

Health Information/Records

- Patient Health Information
(specify if indicate "all")

 Outside Provider Evaluation Report(s)
 Immunization Record(s)

- Mental Health Records
 HIV (AIDS) Records
 Developmental Disabilities

Other Information/Records:

Other (specify) _____

PURPOSE OF DISCLOSURE:

- Educational Programming Service
 Medical Evaluation and Treatment
 Other _____
- Health Assessment and Planning
 Transition Planning

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

Right to Inspect or Copy the Health Information to be used or disclosed— I understand that I have a right to inspect or copy the health information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect my health information or obtain copies of my health information by contacting the health information department or school.

Right to Receive Copy of this Authorization --- I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.

Right to refuse to sign this Authorization --- I understand that I am under no obligation to sign this form and that the person(s) and/or organization(s) listed above whom I am authorizing to use and/or disclose my information may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization.

Right to withdraw this Authorization --- I understand that written notification is necessary to cancel this authorization. To obtain information on how to withdraw my authorization or to receive a copy of my withdrawal, I may contact the health information department or school. I am aware that my withdrawal will not be effective as to uses and/or disclosures of my health information that the person(s) and/or organization(s) listed above have already made in reference to this authorization.

This permission is valid for one year. A copy of this form is as effective as the original. I certify that I am the parent, legal guardian, personal representative of the above named pupil, or that I am the pupil and of appropriate age, and have authority to sign this authorization.

Signature: _____ Print Name: _____

Relationship to Pupil: _____ Date: _____
(pupil, parent, guardian, or personal relationship)

- Check here if you are requesting a copy of education records disclosed by the Deerfield Community Schools (a fee for education record copies may be imposed).