

# Authorization for Release of Information

## Section I <sup>1</sup>

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yy) ID: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Voyager Elementary

## Section II <sup>2</sup>

Parent/Guardian Name: \_\_\_\_\_

<b>Authorizes:</b> _____	_____
District Name / Number	Staff Person Responsible
Voyager Elementary	203 Voyager Drive Alexandria, MN 56308 Fax 320-762-3326
School Responsible	Address

to release the specific information identified below *to*:

to obtain specific information identified below *from*:

Name of individual or entity, Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Health Records                 | Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy) |
| <input checked="" type="checkbox"/> Medical Reports                | Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy) |
| <input type="checkbox"/> Chemical Abuse/<br>Dependency Report      | Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy) |
| <input type="checkbox"/> Psychological Reports                     | Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy) |
| <input type="checkbox"/> Psychiatric Report                        | Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy) |
| <input type="checkbox"/> Teacher, Counselor, Staff<br>Observations | Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy) |
| <input type="checkbox"/> Special Education Records                 | Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy) |
| <input type="checkbox"/> Social Work Report                        | Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy) |
| <input checked="" type="checkbox"/> Others ( <i>specify</i> )      | Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy) |

### For the purpose of :

Communication of health condition for school purposes. Health/Medical reports only by request.

## Section III <sup>3</sup>

### I understand this authorization:

- takes effect the day I sign it,
- cannot exceed one year, and expires either:
  - on \_\_\_/\_\_\_/\_\_\_ (mm/dd/yy), or
  - one year from the date of my signature,

- can be stopped any time by sending a written request to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I further understand:

- I may refuse to sign this authorization and it will not affect my child's ability to receive educational services,
- the laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law Health Insurance Portability and Accountability Act [HIPAA], Family Educational Rights & Privacy Act [FERPA], Minnesota Government Data Practices Act [MGDPA or Chapter 13]),
- a copy of this release form is as valid as an original, and
- I will receive a copy of this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent, legal representative or student

(mm/dd/yy)

# Instructions and Regulation Text

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**<sup>1</sup> Complete the following information for this sections:**

- A. Today's date
- B. Student's first name, middle initial, and last name
- C. Student's birth date

**<sup>2</sup> Complete the following information for this section:**

- A. Name of parent of legal representative giving the authorization
- B. Enter the School District's number
- C. Check the appropriate box(s) for the information that is the subject of this authorization.
- D. Include the date range in the appropriate spaces for the information categories selected.
- E. Describe the specific purpose why the information is being released or disclosed.

**<sup>3</sup> Complete the following information for this section:**

- A. Check and complete the date for the specific expiration date or the one-year-from signature date
- B. Fill in the name and address of the district staff person to whom the parent can send a written request to terminate this authorization.
- C. Review each bullet with the person signing the authorization.
- D. Secure signature and date.
- E. Provider person signing the authorization with a copy.

**<sup>4</sup> Authorization Consent Content Requirements of HIPAA, FERPA and Chapter 13**

**A. FERPA**

**§ 99.30 Under what conditions is prior consent required to disclose information?**

- (a) The parent or eligible student shall provide a signed and dated written consent before an educational agency or institution discloses personally identifiable information from the student's education records, except as provided in § 99.31.
- (b) The written consent must:
  - (1) Specify the records that may be disclosed;
  - (2) State the purpose of the disclosure; and
  - (3) Identify the party or class of parties to whom the disclosure may be made.
- (c) When a disclosure is made under paragraph (a) of this section:
  - (1) If a parent or eligible student so requests, the educational agency or institution shall provide him or her with a copy of the records disclosed; and
  - (2) If the parent of a student who is not an eligible student so requests, the agency or institution shall provide the student with a copy of the records disclosed.

**B. Chapter 13**

**13.05 Duties of responsible authority. Subdivision 4.**

(d) **Private data may be used by and disseminated to any person or entity if the individual subject or subjects of the data have given their informed consent.** Whether a data subject has given informed consent shall be determined by rules of the commissioner. The format for informed consent is as follows, unless otherwise prescribed by the HIPAA, Standards for Privacy of Individually Identifiable Health Information, 65 Fed. Reg. 82, 461 (2000) (to be codified as Code of Federal Regulations, title 45, section 164): informed consent shall not be deemed to have been given by an individual subject of the data by the signing of any statement authorizing any person or entity to disclose information about the individual to an insurer or its authorized representative, unless the statement is:

- (1) in plain language;
- (2) dated;
- (3) specific in designating the particular persons or agencies the data subject is authorizing to disclose information about the data subject;
- (4) specific as to the nature of the information the subject is authorizing to be disclosed;
- (5) specific as to the persons or entities to whom the subject is authorizing information to be disclosed;
- (6) specific as to the purpose or purposes for which the information may be used by any of the parties named in clause (5), both at the time of the disclosure and at any time in the future;
- (7) specific as to its expiration date which should be within a reasonable period of time, not to exceed one year except in the case of authorizations given in connection with applications for (i) life insurance or non-cancelable or guaranteed renewable health insurance and identified as such, two years after the date of the policy or (ii) medical assistance under chapter 256B or Minnesota Care under chapter 256L, which shall be ongoing during all terms of eligibility, for individual education plan health-related services provided by a school district under section [125A.21](#), subdivision 2.

The responsible authority may require a person requesting copies of data under this paragraph to pay the actual costs of making, certifying, and compiling the copies.

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## C. HIPAA

### § 164.508 Uses and disclosures for which an authorization is required.

#### (c) *Implementation specifications: Core elements and requirements.*

(1) *Core elements.* A valid authorization under this section must contain at least the following elements:

(i) A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.

(ii) The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.

(iii) The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.

(iv) A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.

(v) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.

(vi) Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.

(2) *Required statements.* In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following:

(i) The individual's right to revoke the authorization in writing, and either:

(A) The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or

(B) To the extent that the information in paragraph (c)(2)(i)(A) of this section is included in the notice required by § 164.520, a reference to the covered entity's notice.

(ii) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:

(A) The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in paragraph (b)(4) of this section applies; or

(B) The consequences to the individual of a refusal to sign the authorization when, in accordance with paragraph (b)(4) of this section, the covered entity can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization.

(iii) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer be protected by this subpart.

(3) *Plain language requirement.* The authorization must be written in plain language.

(4) *Copy to the individual.* If a covered entity seeks an authorization from an individual for a use or disclosure of protected health information, the covered entity must provide the individual with a copy of the signed authorization.