Authorization for Exchange of Information

Student Name:	Birthdate:
Address:	Phone:

Parent/Guardian/Eligible Student (18 and over, own guardian): Your signature on this *Authorization for Exchange of Information* will give the individuals, programs, organizations, and entities listed on Page 2 of this *Authorization* permission to exchange the information indicated below.

The purpose for the exchange of information is collaboration and communication.

Your signature will give your permission for the following specific information to be exchanged:

Health Status	Current Medications/treatments	
Educational Records	Incident reports for unusual occurrences/injuries at school/therapy	
Therapy Records	Other	
Your signature will give your permission for the exchange of information by the methods indicated:		
YesNo The exchange of written records, including email, containing the information described in this release by the agencies or individuals specified.		

Yes No The verbal exchange in person or via phone of the information described in this release by the agencies or individuals specified.

Before giving your permission for exchange of information, please carefully review the following:

This authorization is good until the following date, ______, or until one year after the date of signing, whichever occurs first. You may revoke this authorization in writing at any time; however this does not affect the information shared prior to your request for revocation. As appropriate, those identified as having legitimate educational interest may review the information received. The information may also be used in the future, including if the student moves, for the purpose of education decision making.

Health Insurance Portability and Accountability Act (HIPAA)/Family Educational Rights and Privacy Act (FERPA) Notice.

Any and all personally identifiable information regarding children receiving special education services funded under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.) is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically **exempted** form HIPAA privacy standards. FERPA prohibits disclosure of personally identifiable information without parent consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to a student's records, and contains compliant and appeal procedures which apply to disputes over records, in possession of special education or its providers, among other provisions. All special education providers comply with these procedures.

If you have questions, please contact:

Contact person:	District/Agency:
Address:	City: State: Zip:
Phone:	Email:

Unified Therapy Services 4121 Pennsylvania Avenue Dubuque, Iowa 52002 563-583-4003

Student Name: _____

Birthdate:

I understand my rights related to this exchange of information. As per the conditions described on Page 1 of this Authorization for Exchange of Information, I consent to the exchange of information with the individuals, programs, organizations, and entities listed below.

Signature of Parent, Guardian or Eligible Student: ______ Date: _____ Date: _____

Dubuque Community School District	Unified Therapy Services- 4121 Pennsylvania Ave 583-4003
School Name:	Speech Therapy Department:
School Phone Number:	Occupational Therapy Department:
Principal:	Physical Therapy Department:
Special Ed Teacher:	Management:
Regular Ed Teacher:	
AEA:	
Other:	

Information in the following areas may not be exchanged without your special permission. Your signature will give your special permission for the exchange of information in the areas indicated:

_____ Substance abuse/chemical dependence Mental health

_____ Sexually transmitted disease _____ HIV/AIDS

Signature of Parent, Guardian or Eligible Student: _____ Date: ____ Date: _____

Notice to Recipients of Mental Health Information

In accordance with "Disclosure of Mental Health and Psychological Information" (Iowa Code, Chapter 228), a recipient of mental health information may further disclose this information only with the written authorization of the subject or the subject's legal representative or as otherwise provided in Chapters 228 and 229. Unauthorized disclosure is unlawful and civil damages and criminal penalties may apply. Federal confidentiality rules (42 CFR Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Notice to Recipients of Substance Abuse Information

This information has been disclosed from records whose confidentiality is protected by federal law. Iowa Code, Chapter 125 and federal regulations (42 CFR, Part 2) prohibit any further disclosure without the specific written authorization of the person to whom the information pertains, or as otherwise permitted by such statute and regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Notice to Recipients of HIV-Related Testing Information

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of the information without specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose. (Iowa Code Section 141A.9) Federal confidentiality rules (42 CFR, Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.