

Dubuque Community School District
2300 Chaney Road
Dubuque, Iowa 52001
563-552-3000

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

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:

_____ Yes _____ No 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** from 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:** _____

