

Universal Inter-agency Release Form
AUTHORIZATION TO DISCLOSE/RELEASE INFORMATION

I, _____ do hereby authorize and request
(NAME OF INDIVIDUAL, GUARDIAN, LEGAL OR PERSONAL REPRESENTATIVE)

that _____ release or disclose to
(NAME OF ENTITY, AGENCY OR INDIVIDUAL HOLDING THE RECORDS)

(NAME OF ENTITY, AGENCY, INDIVIDUAL OR CLASS INTENDED TO RECEIVE THE INFORMATION)

the health information specified below that relates to the following individual:

NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

ADDRESS, CITY, STATE _____ OTHER ID _____

THE SPECIFIC INFORMATION TO BE DISCLOSED IS (CHECK ALL THAT APPLY)

Entire Record Treatment
or Tests Laboratory
Reports Psychological
Evaluation
Continuity of care

Medical History, Examination, Diagnosis
Hospital Records Including Reports
Immunizations/Allergy Records
Mental Health Records/Reports
Verbal communication with provider

Other (Specify): _____

EXPIRATION DATE

This authorization is good until the date(s) _____, or for one year.

PURPOSE OF REQUEST FOR DISCLOSURE

For educational and healthcare planning in the school setting

Other (Specify): _____

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

I understand that my records are protected by state and federal laws, and cannot be disclosed or re-disclosed without my written consent unless otherwise provided for by law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance hereon, and that unless sooner revoked, this consent will expire on (date, event or condition):

SIGNATURE

I have had an opportunity to review and understand the content of this authorization form, and by signing this authorization, I confirm it accurately reflects my wishes. If a guardian, legal representative or a personal representative signs this document they must provide separate documentation of their status and authority.

Signature: _____

SIGNED (INDIVIDUAL, GUARDIAN, LEGAL OR PERSONAL REPRESENTATIVE)

ADDRESS _____ DATE _____

Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations when applicable (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500.00 in the case of a first offense, and not more than \$5000.00 in the case of each subsequent offense.