

## Patient Guide

## Authorization to Release Information to School

<u>Patient/Student Information</u>  Please Print Legibly OR Place Patient Identifying Label	_____ Patient Legal Name  _____ Date of Birth	
<u>School Contact Information</u>  With <b>Whom</b> may PrairieCare share/receive my child's information?	_____ School Name <span style="float: right;">District Number      Grade</span>  _____ Contact Name (If Applicable) <span style="float: right;">Phone Number</span>  _____ Address (street, city, state, zip code) <span style="float: right;">Fax Number</span>	
<u>Communication</u>  Please check all that apply <b>How</b> will PrairieCare share/receive my information?	<b>Direction:</b> <input type="checkbox"/> Exchange the information indicated below <input type="checkbox"/> Receive the information indicated below <input type="checkbox"/> Release the information indicated below	<b>Method:</b> <input type="checkbox"/> Written Communication (Fax, Mail, Secured Email) <input type="checkbox"/> Verbal communication
<u>Information to be Released and Requested:</u>  Please mark all that apply.  <b>What</b> is to be released and requested?	<input type="checkbox"/> Diagnostic/Clinical Information <input type="checkbox"/> Special Education Records <input type="checkbox"/> Discharge Summaries & Aftercare Plans <input type="checkbox"/> School Records <input type="checkbox"/> Medication Information <input type="checkbox"/> Other: <input type="checkbox"/> Recommendations <input type="checkbox"/> Psychological Test Results (check all that apply): <input type="checkbox"/> CPT <input type="checkbox"/> WISC-R III <input type="checkbox"/> MMPI <input type="checkbox"/> MACI <input type="checkbox"/> Neuropsychological Testing <input type="checkbox"/> Other Testing:  <p style="text-align: center;"><b>Please note that CD/Alcohol information and Reproductive Health Information (including lab results) contained in any records will be redacted prior to sending.</b></p>	
<u>Purpose of the Release of Information</u>  <b>Why</b> is the release needed?	<p style="text-align: center;">This information will be used for medical and educational purposes.</p>	
<u>Statement of Authorization:</u>  Please Review Terms and Conditions to Agreement  <b>What</b> is my signature authorizing?	- I understand that I may revoke this authorization at any time, except to the extent that previous action has been taken in reliance of the Authorization for Release of Information. (Please refer to PrairieCare's <b>Notice of Privacy Practices</b> for instructions on how to revoke authorizations or to inspect and/or receive copies of this information.) - A photocopy, electronic version, or fax of this authorization will be treated in the same way as the original. - My signature means that I have read this form and/or have had it read to me and explained in a language that I can understand. - Authorizing the disclosure of this information is voluntary, and I can refuse to sign this authorization without consequence to my treatment, eligibility for benefits, or payment status. - Once authorized information is released, PrairieCare, its employees, and its physicians cannot prevent the re-disclosure of that information. I hereby release each of them from any and all liability arising directly or indirectly from disclosure authorized by this consent, and any re-disclosure of that information. -I understand that this authorization remains in effect for one year from the date of signature, or:  _____ (Specify date, event, or conditions that cause authorization to expire.)	

Signature of Patient (Patients 16 and older must personally consent for all mental health records.)

Date

Signature of Parent/Guardian

Relationship to Patient

Date