

# GRAND FORKS PUBLIC SCHOOLS

## Release/Exchange of Information

Provide information as it exists when the service is requested.

Name (Last, First)	Date of birth
Address, City, State & Zip	Phone

**Release and Signature:**

I hereby authorize: (name and address of person/agency) <div style="text-align: right;">Attn: _____</div>
To exchange information with: (name and address of person/agency) <div style="text-align: right;">Attn: _____</div>
Grand Forks Public School District
The following information is requested: <input type="checkbox"/> Involvement, participation in treatment, work, or school <input type="checkbox"/> Progress reports or notes <input type="checkbox"/> Recommendations <input type="checkbox"/> Discharge summary and status <input type="checkbox"/> Psychiatric evaluation <input type="checkbox"/> Medical records <input type="checkbox"/> Other, (specify) _____
The above information will be used for: <input type="checkbox"/> Case management <input type="checkbox"/> Treatment planning & coordination <input type="checkbox"/> Consultation <input type="checkbox"/> Referral information <input type="checkbox"/> Other, (specify) _____

I authorize contact to be \_\_\_\_\_ written \_\_\_\_\_ verbal (check one or both)  
 Release of information is given voluntarily and remains in effect for 1 year from today's date, \_\_\_\_\_, unless revoked in writing or in person by the individual named above or parent/guardian as indicated below.

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

Signature of parent/guardian (if named is child under 18) \_\_\_\_\_

Signature of witness \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Check is applicable-notice to whomever disclosure is made concerning addiction records  <small>This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.</small>
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