

North Branch Area Public Schools District 138 38705 Grand Avenue PO Box 370 North Branch MN 55056	CONSENT TO RELEASE PRIVATE DATA
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Patient Information	Name _____ Address: _____ _____ Telephone (_____) _____ Date of Birth: _____ Member # _____
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Provider (Who has the information you would like released?)	Name _____ Address: _____ _____ Telephone (_____) _____
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Requestor (Where do you want the information sent?)	Name <u>North Branch Area Public Schools</u> Address: <u>Early Childhood Center</u> <u>38705 Grand Avenue, North Branch, MN 55056</u> Telephone (<u>651</u>) <u>674-1220</u> Fax (<u>651</u>) <u>674-1210</u>
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Information to be Released	This information will be used for Early Childhood Screening and Preschool registration <input checked="" type="checkbox"/> Immunization Record <input checked="" type="checkbox"/> Current Physical
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- This authorization releases records prior to and following signature date. All records received will become part of the student's educational records. These records will be used to coordinate health and educational needs and will be maintained and transferred in accordance with School District policies and procedures. Unless otherwise specified in this release, if records are authorized to be mutually exchanged between the School District and the agency or individual listed, I understand that the records I authorize to be released may be exchanged at any time only between the School District and this agency or individual during the term of this authorization.
- I understand that upon release, this health information may no longer be protected by federal health care privacy rules. However, other state and federal laws governing the disclosure of educational data may prohibit the redisclosure of such information without first obtaining an additional authorization.
- I also understand that I may revoke or change this authorization, in writing, at any time, by sending a letter to the School District, which reflects my wishes in this regard.
- This authorization expires one year from the date of my signature.

Parent/Guardian Signature	Date:
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