Mount Vernon School District Authorization for Exchange of Confidential/Medical Information

Autorización para Intercambio de Información Confidencial/Médica del Distrito Escolar de Mount Vernon

Student Name_____ Birthdate _____ Grade_____

SECTION I – INFORMATION REQUESTED FROM

Name of Agency/Doctor/*Nombre de Agencia/Doctor*
_____
Address_____
_____

Name of Agency/Doctor/*Nombre de Agencia/Doctor*
_____
Address_____
_____

Release the following information:

☐ Medical Records ☐ Immunization Records
☐ Mental Health Records ☐ Other _____

Purpose of the Exchange:

☐ to complete assessment/evaluation ☐ to discuss educational implication
☐ to update records

Please send the information requested in an envelope marked "CONFIDENTIAL" to the following school, attention_____:

☐Centennial Elementary
3100 Martin Road
Mount Vernon, WA 98273
360-428-6138 FAX 360-428-6158

☐Jefferson Elementary
1801 Blackburn Road
Mount Vernon, WA 98274
360-428-6128 FAX 428-6159

☐Harriet Rowley
400 53rd St.
Mount Vernon, WA 98274
360-428-6199 FAX 360-428-6150

☐Little Mountain Elementary
1514 S. LaVenture Road
Mount Vernon, WA 98274
360-428-6125 FAX 360-428-6164

☐Madison Elementary
907 E. Fir Street
Mount Vernon, WA 98273
360-428-6131 FAX 360-428-6171

☐Washington Elementary
1020 McLean Road
Mount Vernon, WA 98273
360-428-6122 FAX 360-428-6162

☐LaVenture Middle School
1200 N. LaVenture Road
Mount Vernon, WA 98273
360-428-6116 FAX 360-428-6189

☐Mount Baker Middle School
2310 E. Section Street
Mount Vernon, WA 98274
360-428-6127 FAX 360-428-6155

☐Mount Vernon High School
314 N. 9th Street
Mount Vernon, WA 98273
360-428-6100 FAX 360-428-6152

☐Special & Support Services
920 South Second Street
Mount Vernon, WA 98273
360-428-6141 FAX 360-428-6167

☐Skagit Academy/Aspire Academy
2001 Cleveland Avenue
Mount Vernon, WA 98273
360-428-6206 FAX 360-428-6207

☐SPARC
320 Pacific Place
Mount Vernon, WA 98273
360-416-7570 FAX 360-416-7580

School Nurse_____ Counselor_____ Psychologist_____ Teacher_____
Other_____

This information disclosed to you is protected by state and federal laws. You are prohibited from releasing it to any agency or person not listed on this form without specific written consent of the person to whom it pertains. A general authorization for release of medical and other information is not sufficient. See Chapter 70.02 RCW.

SECTION II - AUTHORIZATION

I hereby authorize the release of medical information to the individuals who are affiliated with the school/agency. This authorization expires at the end of the current school year. Authorizing is voluntary. Neither treatment nor payment is depended on signed authorization. The requestor may revoke an authorization to release or exchange by submitting a request in writing. Information disclosed maybe subject to re-disclosure by an authorized recipient and may no longer be protected by confidentiality laws./*Por la presente autorizo la divulgación de información a los individuos que están afiliados a la escuela/agencia indicadaI. Esta autorización caduca a la conclusión de este año escolar. La autorización se presta voluntariamente. Ni el tratamiento ni el pago es dependiente a la autorización firmada. El solicitante puede revocar su autorización a la divulgación o intercambio por medio de entregar una petición por escrito. La información divulgada podría someterse a re-divulgación por un beneficiario autorizado y podría dejar de recibir protección bajo las leyes de confidencialidad.*

_____

Parent Signature/*Firma de los Padres* **Date/*Fecha***

_____

Student Signature/*Firma del Estudiante** **Date/*Fecha***

*If the student is a minor but is authorized to consent to health care without parental consent under the federal and state law, only the student shall sign this authorization. (HIV/AIDS status/diagnosis/treatment – 14 years old; Family Planning/Abortion – no age limit; Alcohol/Drug Treatment – 13 years old; Mental Health Services – 13 years old)/*En caso de que el estudiante sea menor de edad pero que tenga autorización para permitir cuidado de salud sin consentimiento parental bajo ley federal y estatal, únicamente el estudiante deberá firmar esta autorización. (estado/diagnosis/tratamiento de VIH/SIDA – 14 años de edad; Planificación Familiar/Aborto – ningún límite de edad; Tratamiento para Alcohol/Droga – 13 años de edad; Servicios de Salud Mental – 13 años de edad).*