Superintendent
Katherine Grondin
Assistant Superintendent
Michelle P. McClellan
Business Manager
Adam Hanson

Auburn School Department

"Empowering life-long learners to succeed in an ever changing world"

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PERMISSION TO DISCLOSE RECORDS
(HIPPA-COMPLIANT)

I, _____, parent and legal guardian of _____, a minor (DOB _____) hereby authorize Promise Early Education _____

_____ _____

_____ _____

to disclose all records in his/her/its/their possession to the Auburn _____ School Department (hereinafter the "School District"), with offices at _____ .

This authorization allows the above individuals and/or organizations to copy and send records to the School District and allows representatives of the School District to inspect the records.

This authorization encompasses *all* records pertaining to the minor, including but not limited to correspondence, notes, reports, questionnaires, work samples, test protocol, medical and health records and "*third-party records"* created by any other individuals or organizations. The term "records" includes information recorded, maintained or preserved in *any* medium, including but not limited to printed, handwritten, magnetic or electronic.

Any costs for photocopying these records for the School District, or for mailing these records to the School District, shall be at the School District's expense.

Pursuant to HIPPA, the following are specified as part of this authorization:

a. The purpose of disclosure is to help the School District identify the minor's needs and provide appropriate educational services.

b. This authorization expires one year after the date it is signed.

c. The parent signing this permission form understands that he or she may revoke this authorization at any time providing written authorization to the School District or to the individuals and organizations listed above, except to the extent that this authorization has already been relied on.

d. The parent signing this form has been informed that the individuals and organizations listed above may not condition treatment, payment, enrollment, or eligibility for benefits on whether the parent signs this authorization.

e. The parent signing this form has been informed of the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and to be no longer protected by HIPPA. The parent signing this form is also aware that any information disclosed to the School District may be subject to other state and federal privacy laws.

Date: _____ By (Parent)_____