

Woodhaven - Brownstown School District



Special Programs

22650 Sibley Road • Brownstown • MI 48193 • 734.783.3322 • FAX: 734.281.3761

Joanne Weise, Director

Lisa Perugi, Supervisor

Student Name _____

Date of Birth _____

Address _____

I, _____, authorize

to disclose information in my record to:
Woodhaven-Brownstown School District
Special Service Department
22650 Sibley Road
Brownstown, MI 48193

The area below will be filled in by SE office:

_____ Special Education Office

Address: _____

City/State: _____

Phone: _____

Fax: _____

Specific information to be released:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Psychiatric Evaluation | <input checked="" type="checkbox"/> Two-Way Telephone Conversation | <input checked="" type="checkbox"/> I.E.P.T. |
| <input checked="" type="checkbox"/> Psychological Evaluation | <input checked="" type="checkbox"/> Progress Notes | <input checked="" type="checkbox"/> M.E.T. |
| <input checked="" type="checkbox"/> Educational Evaluation | <input type="checkbox"/> Results of Laboratory Studies | <input checked="" type="checkbox"/> Achievement Test Results |
| <input checked="" type="checkbox"/> Psychosocial Assessment | <input type="checkbox"/> Medical Evaluation form filled out | <input checked="" type="checkbox"/> Academic Records |
| <input type="checkbox"/> Personal Health History | <input checked="" type="checkbox"/> Treatment planning & review | <input checked="" type="checkbox"/> Other |

Purpose or need for disclosure: Educational placement & planning

This consent authorizes the release of protected health information contained in my records, including alcohol and substance abuse records, protected under the Regulations in 42 CFR, Part 2, and Regulations in 45 CFR (HIPAA) if any; psychological services records, if any; social services records, if any; HIV, ARC, AIDS records, if any.

This consent is subject to revocation at any time, except in those circumstances in which WBSD has acted upon the signed authorization. The consent will continue if un-revoked until the purpose for which the consent was given shall have been accomplished. However, any consent given under Subpart C, Federal Register, Volume 52-Number 110, July 9, 1987, shall have a duration no longer than that reasonably necessary to effectuate the purpose for which it was given. Without expressed revocation, this consent expires within ninety (90) days or upon completion of this release for the following specified reasons:

Condition: _____ Date: _____ Event: _____

X _____
Parent/Guardian Signature

Date

Witness Signature

Date