

Authorization for Release/Exchange of Health and Other Confidential Information

Health Services / Special Services

Student's Name (please print)

Date of Birth

Date of Request

Name of Health Care Provider / Agency

Telephone Number

Address

City, State and Zip

The exchange of information applies to the following:

- | | |
|---|--|
| <input type="checkbox"/> General Education Records
<input type="checkbox"/> Discipline Records
<input type="checkbox"/> Testing/Evaluation Results
<input type="checkbox"/> Other (specify below): | <input type="checkbox"/> Special Education Records
<input type="checkbox"/> Counseling Information
<input type="checkbox"/> Health Records |
|---|--|

This information will be used for the following purpose(s):

Please send information to the attention of _____ at the following address:

- | | | |
|--|---|---|
| <input type="checkbox"/> Chesak Elementary School
10910 Reed Road
Lake In The Hills, IL 60156 | <input type="checkbox"/> Conley Elementary School
750 Dr. John Burkey Drive
Algonquin, IL 60102 | <input type="checkbox"/> Early Childhood Center
10910 Reed Road
Lake In The Hills, IL 60156 |
| <input type="checkbox"/> Heineman Middle School
725 Dr. John Burkey Drive
Algonquin, IL 60102 | <input type="checkbox"/> Huntley High School
13719 Harmony Road
Huntley, IL 60142 | <input type="checkbox"/> Leggee Elementary School
13723 Harmony Road
Huntley, IL 60142 |
| <input type="checkbox"/> LIGHT
650 Dr. John Burkey Drive
Algonquin, IL 60102 | <input type="checkbox"/> Mackeben Elementary School
800 Dr. John Burkey Drive
Algonquin, IL 60102 | <input type="checkbox"/> Marlowe Middle School
9625 Haligus Road
Lake In The Hills, IL 60156 |
| <input type="checkbox"/> Martin Elementary School
10920 Reed Road
Lake In The Hills, IL 60156 | <input type="checkbox"/> District 158 Administrative Offices
650 Dr. John Burkey Drive
Algonquin, IL 60102 | |

Authorization

I hereby authorize the release/exchange of my child's health and other confidential information to the authorized representative of Huntley Community School District 158 as requested.

This authorization is valid for one calendar year and will expire on _____. I understand that I have the right to inspect and copy* the information to be disclosed and may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. Any such revocation will not affect materials disclosed prior to the revocation. The above-named person authorized to receive this information may use the information only for the purposes outlined above and may not re-disclose it without my written authorization. I recognize that these records, once received by Huntley Community School District 158, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Printed Name of Parent/Guardian **OR** Eligible Student**Signature of Parent/Guardian **OR** Eligible Student**

Date

* Per ILCS 105 10/5(c) – Requests to inspect and/or copy records shall be granted within 15 school days after the date of receipt of such request by the official records custodian. Additionally, a fee of **.05¢ per page**, which is reasonably calculated to reimburse District 158 for actual costs of reproducing the student records, will be charged. No parent/guardian or student shall be denied a copy of school student records as permitted for the inability to bear the cost of such copying. (ILCS 105 10/5(d)).

** Per ILCS 105 10/2(g) – All rights and privileges concerning school student records that are accorded to parents/guardians become exclusively those of the student when the student reaches 18 years of age, graduates from high school, marries, or enters military service, whichever occurs first. Such students are called *eligible students*.