

AUTHORIZATION FOR THE RELEASE
AND EXCHANGE OF RECORDS AND INFORMATION

I. Individual for whom information and records are being requested:

Name: _____
Address: _____
Phone: _____
Date of Birth: _____

II. Person or Organization from whom information and records are requested:

Name: _____
Attention: _____
Address: _____
Phone: _____
Fax: _____

III. To whom information and records are to be provided:

Organization: LaSalle-Peru Township High School
Address: 541 Chartres Street, LaSalle, Illinois 61301
Phone: (815) 223-1721
Fax: (815) 223-3444

IV. Information and records to be provided:

Verbal Communication; History and Physical; Pathology Reports; Consultation Reports; Behavior Plans; Physician's Discharge Summary; Progress Notes; Psychiatric Evaluation; Psychiatric Outpatient Notes; Records: Emergency Department, Rehab, Social History, Attendance and Concussion; Diagnostic Test Reports; Other: _____

V. Scope and Purpose.

Dates of Treatment/Service to be released: _____

Purpose: To assist the undersigned's growth, development, and well-being.

The undersigned hereby authorizes and requests that the individual/facility/organization identified in Section II disclose and furnish the information and records requested in Section IV to LaSalle-Peru Township High School and authorizes the Provider to discuss such information and records with the District (including employees and agents thereof). The undersigned hereby authorizes the District to share and discuss information and records with the Provider identified in Section II to assist in the undersigned's growth, development, and well-being. The organization receiving the information is not a health care provider or health plan covered by federal privacy regulations.

This authorization will be valid for twelve (12) months from the date of signature below unless an earlier date is specified in the space provided: _____. This authorization may be revoked at any time. Such revocation must be in writing and must be sent/given to the records department of the individual/organization/facility identified in Section II. It will not affect action taken before the revocation is received.

The individual identified in Section I above has the right to inspect and receive copies of information to be disclosed.

Signature of Individual: _____ Signature of Witness: _____

Date: _____ Date: _____

Signature of Representative: _____
(Parent/Guardian/Power of Attorney/Authorized Representative)

Date: _____