



Hortonville Area School District
 Mr. Todd Timm – District Administrator
 246 N Olk Street, PO Box 70
 Hortonville WI 54944
 (920) 779-7921 Fax (920) 779-7903
 www.hasd.org

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Student information	Person Authorized to Consent
Name:	Name:
Date of Birth:	Relationship to Student:
Address:	Address & Phone Number:

This consent authorizes the Hortonville Area School District to release and receive information from the following:

Name of agency, provider, or individual: A Healing Place
Address: 145 West Wisconsin Avenue, Neenah, WI 54956.
Phone/Fax/Email: (920) 251-6164

<p>Specific Information to be Disclosed (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Educational Records Including Attendance, Behavior, and Individual Education Plans/504 plans <input type="checkbox"/> Medical Records Pertaining to Diagnostic and Treatment Records <input type="checkbox"/> Medical Records Pertaining to Progress Notes <input type="checkbox"/> Medical Records Pertaining to Discharge Summaries <input type="checkbox"/> Mental Health Diagnostic and Treatment Records <input type="checkbox"/> Physical Therapy, Occupational Therapy, Speech & Language Records <input type="checkbox"/> Alcohol & Other Drug Evaluation and Treatment Records <input type="checkbox"/> Human Service and Juvenile Court Records <input type="checkbox"/> Other _____ 	<p>Purpose for Release of Information (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coordination/Continuation of Care including phone consultation <input type="checkbox"/> Educational Evaluation <input type="checkbox"/> School Related Health Planning <input type="checkbox"/> Request of Student and/or Parent/Guardian <input type="checkbox"/> Transfer of Education Records <input type="checkbox"/> other: _____
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Please review and acknowledge your understanding of your rights with respect to this authorization:

I have reviewed this form and I understand and acknowledge that:

By signing this consent for release of confidential information, I am confirming that I understand the following:

My records may be protected under State and Federal Regulations governing confidentiality.

- Education – Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. § 1232g; 34 CFR Part 99
- Mental Health – Sec. 51.30, Wis. Stats. & HFS 92, Wis. Admin. Code
- Alcohol & Other Drug Abuse – 42 CFR, Part 2; Sec. 51.30, Wis. Stats. & HFS 92, Wis. Admin. Code
- Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR, pts 160 & 164

Right to Copy and Inspect: I have a right to receive a copy of this release and to inspect/receive a copy of materials to be disclosed by this form.

Redisclosure Notice: The information that I authorize to be released may be redisclosed by the recipient of the records only if allowed by law. If information is disclosed, the recipient of the redisclosed information may be controlled by different laws. I recognized that these records, once reviewed by the school district, may not be protected by the Health Insurance Portability and Accountability Act (HIPPA) and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statutes 118.25 (2m)(a)(b) and 146.82 – 146.83.

Right to Revoke: I have a right to revoke this authorization at any time understanding that it will not impact information that has already been released. A request to revoke this release must be made in writing and provided to HASD.

Voluntary Consent: My consent to the release of the confidential records described above is voluntarily given. Refusal to sign this authorization will not affect my right to receive educational services. I am under no obligation to sign this form, and my refusal to sign will not affect treatment, enrollment, or benefits for me or my child (if applicable).

Expiration: This authorization is valid for one year from the date of signature unless otherwise indicated here: _____.

This authorization is valid for one year, and covers records created after I sign this form, unless I revoke the form sooner. I may revoke this authorization, in writing, at any time. However, the revocation will not affect disclosures that occur before my revocation.

I acknowledge that I have had an opportunity to review and ask questions about this form and that I understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes. A copy of this form is as effective as the original.

I hereby authorize disclosure of records to the named persons or entities, as specified above.	
Signature -Parent/Guardian or Other Person Legally Authorized to Consent to Disclosure	Date Signed
Signature -Minor Student (only if legally required)	Date Signed

ANNUAL STUDENT RECORDS NOTICE

The Hortonville Area School District maintains student records for each student attending school in the District. These records include: (1) student progress records – courses taken, grades, immunization records, extracurricular activities and attendance; and, (2) student behavioral records – psychological tests, personality evaluations, records of conversations, written statements relating specifically to an individual student's behavior, tests relating specifically to achievement or measurement of ability, physical health records other than immunization records, law enforcement agency records obtained by the District and any other student records which are not progress records.

State and federal laws require that the maintenance of student records assure confidentiality. The District has also adopted a student records policy and procedures. This notice is subject to state and federal laws and the District's policy and procedures. Accordingly, the following shall apply in the District:

1. An adult student, or the parent(s) or guardian(s) of a minor student, has the right to inspect, review and obtain copies of the student's school records upon request in accordance with established District procedures. The District will respond to such requests without unnecessary delay. Copies of the District's student records procedures are available upon request at the District Office, 246 N Olk Street, Hortonville WI during regular office hours are: 8:00 a.m. – 4 p.m.
2. An adult student, or the parent(s) or guardian of a minor student, has the right to request the amendment of the student's school records if he/she believes the records are inaccurate, misleading or otherwise in violation of the student's privacy rights. Complaints regarding the content of student records may be made in accordance with established District procedures. Copies of the District's procedures are available upon request as outlined above.
3. An adult student, or the parent(s) or guardian(s) of a minor student, has the right to consent to the disclosure of information contained in the student's school records, except to the extent that state and federal laws authorize disclosure without consent. One exception that permits disclosure without consent is disclosure to school officials determined to have legitimate educational or safety interests in the records. A "school official" is a person employed by the District who is required by the Department of Public Instruction to hold a license; a law enforcement officer(s) who is individually designated by the School Board and assigned to the District; a person employed by or working on behalf of the District as an administrator, supervisor, instructor or support staff member (including health or medical staff and police-school liaison personnel); a person serving on the School Board; a person or company with whom the District has contracted to perform a specific task (such as an attorney, hearing officer, auditor, medical consultant or therapist); or a person serving on an official committee such as a disciplinary or grievance committee, or assisting another school official in performing his/her tasks. A school official has a "legitimate educational interest" if the official needs to review a student record in order to fulfill his/her professional or District responsibility.

The District also, upon request, forwards a student's records to another school without consent in accordance with state law for purposes related to the student's enrollment or transfer. District procedures outline the specific reasons for disclosure without consent and are available upon request as outlined above.

4. An adult student, or the parent(s) or guardian(s) of a minor student, has the right to file a complaint with the U.S. Department of Education for alleged District noncompliance with federal Family Educational Rights and Privacy Act (FERPA) requirements. The name and address of the office that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-5920.