

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION
the Mead Public Schools ("MPS")

PART I Identification

Student's Name _____ Social Security No. or Date of Birth _____
Disclosing Party _____
(Name of Hospital, Clinic, or Doctor)

PART II Authorization for Release of Health Information

I hereby authorize the Disclosing Party and its agents to disclose health information about the Student to MPS.

1. YOU ARE AUTHORIZED TO DISCLOSE THE FOLLOWING HEALTH INFORMATION:

- Information about a particular admission, treatment or episode of care. Specify: _____
- The following health information: _____
- All health information about Student and any information requested by MPS

2. DOES THIS AUTHORIZATION INCLUDE –

- Yes No Alcohol/drug abuse information if part of the specified record
- Yes No Mental health information if part of the specified record
- Yes No HIV/AIDS-related information (including test results) if part of the specified record
- Yes No Genetic testing information if part of the specified record
- Yes No Psychotherapy notes (Note – You cannot combine an authorization to disclose psychotherapy notes with any other authorization.)

3. WHAT OTHER LIMITATIONS APPLY? If none, write "none:" _____

4. PURPOSE: What is the purpose of the disclosure? (Note – If the disclosure is at the patient's request, simply state "at the patient's request."): Patient's request.

5. THIS AUTHORIZATION IS VALID UNTIL: _____ (Note: Unless otherwise stated, I request that this authorization be considered as valid for 12 months from date of signature)

ADDITIONAL TERMS YOU SHOULD KNOW:

1. Not a Condition for Treatment. Refusal to sign this authorization will not affect your ability to receive treatment from the Disclosing Party.
2. Further Uses and Disclosures. Health information to be disclosed under this authorization may be subject to re-disclosure by the recipient and no longer protected by State or federal privacy laws.
3. Right to Revoke. You may revoke this authorization at any time by giving written notice to the Disclosing Party. Your revocation will not be effective to the extent action has already been taken in reliance on your authorization prior to receipt of your written revocation.
4. Photocopies. A photocopy or exact reproduction of this signed authorization will have the same force and effect as the original.
5. Keep a Copy. By signing below, you acknowledge receipt of a copy of this Authorization.

PART III Send Records To MPS at: Principal's Office
Mead Public Schools
P.O. Box 158
Mead, NE 68041-0158

For Questions Contact: Cliff Owen, Principal
Phone: (402)-624-3435 Fax number: (402) 624-2069

Signature of Parent (or Student if 18 years of age or Older)

Date

Contact Information (Address & Phone)

AFFIDAVIT
(For Child Age 6 to Not Attend School)

The undersigned, being first duly sworn, states upon oath as follows:

I am the parent or guardian of _____ (Child's name). The Child's date of birth is _____. The Child has or will reached the age of six prior to January 1 of the current school year, but will not reach age seven prior to January 1 of the current school year.

I elect to not enroll the Child in an accredited school this school year and hereby affirm (check or initial appropriate exception for attendance):

_____ the Child is participating in an education program that the parent or guardian believes will prepare the child to enter grade one for the following school year; or

_____ the parent or guardian intends for the Child to participate in a school which has elected or will elect pursuant to law not to meet accreditation or approval requirements and the parent or guardian intends to provide the Commissioner of Education with a statement pursuant to section 79-1601(3) on or before the child's seventh birthday.

IN WITNESS WHEREOF, this affidavit is signed and acknowledged this ____ day of _____, 2006.

Parent or Guardian

STATE OF NEBRASKA)
)
COUNTY OF _____) **ss.**

The foregoing instrument was acknowledged before me this ____ day of _____, 2006 by _____.

Notary Public

PARENT RELEASE

(For Children to Discontinue Enrollment When Age 16 or Older and Not Yet Age 18)

The undersigned, being first duly sworn, states upon oath as follows:

I am the parent or guardian of _____ (Child's name). The Child's date of birth is _____. The Child has reached the age of 16, but was not age 16 as of July 16, 2004, and has not reached the age of 18.

I hereby release the Child from continued enrollment in school. The Child is disenrolled from school effective _____ (insert date; if none stated, disenrollment is effective immediately).

NOTICE: Once disenrollment occurs by Parent Release, any future enrollment or re-enrollment must be approved by the Superintendent.

IN WITNESS WHEREOF, this affidavit is signed and acknowledged this ____ day of _____, 2006.

Parent or Guardian

STATE OF NEBRASKA)
)
COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this ____ day of _____, 2006 by_____.

Notary Public