

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION*
Disclosure Page of IDEA Parent Permission for Evaluation

Authority – “Public Law 104-191, “Health Insurance Portability and Accountability Act (HIPPA),” August 21, 1996.

This form will not be used for authorization to disclose psychotherapy notes, alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program.

I authorize Educational and Developmental Intervention Services (EDIS) to release the requested evaluation information identified on the Parent Permission for Evaluation (page one of this form) to the Case Study Committee in my child’s school. The information will be used to determine my child’s eligibility for special education and related services, or to be used to develop an educational plan.

- a. The information will become part of the child’s special education record.
- b. The authorization applies to the summary report and follow-up information necessary to clarify the report, and to discussions at case study meetings.

Start Date: The authorization start date is the date that you sign this form authorizing the release of information.

Expiration Date: The authorization shall continue as long as your child is enrolled in a school operated by the Department of Defense, or placed in a school by the Department of Defense.

I understand that:

- a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
- b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulation, then such information may be re-disclosed and would no longer be protected.
- c. I have a right to inspect and receive a copy of the EDIS evaluation to be used or disclosed, in accordance with requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR 164.524. I request and authorize the named EDIS/treatment facility to release the information described above to the named individual/organization indicated.
- d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in military treatment facilities or payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

Name of Student _____

Signature of Patient/Parent/Guardian**	Relationship to Patient	Date YYYY/MM/DD

***This form is completed when the School CSC requests the Educational and Developmental Intervention Services (EDIS) to conduct an evaluation in support of the school’s special education program.**

****A parent or guardian can only authorize release of medical information for non-minor children (in most circumstances). Children who have reached the age of majority must authorize the release of their medical information. Questions regarding who has the authority to release information should be addressed to the Privacy Officer at the Military Treatment Facility where the EDIS is located.**