NEVIS PUBLIC SCHOOL Independent School District #308
210 Pleasant Street, P.O. Box 138 Nevis, MN 56467 • Telephone (218) 652-3500 • Fax (218) 652-3505

Authorization/Consent for Release of Information

I / We, _____, authorize Nevis Public School and

Dr. _____ to obtain / release / exchange information concerning

_____
(FULL NAME)

_____
(DATE OF BIRTH or SOCIAL SECURITY NUMBER)

Information to be obtained / released / exchanged:

- ☐ Abuse / Neglect Reports
- ☐ CD Evaluation
- ☐ CD Treatment Summary
- ☐ Clinical Progress
- ☐ Court Order
- ☐ Diagnostic Assessment
- ☐ Health Care Coverage
- ☐ Individual Treatment Plan
- ☐ Intake / Termination Summaries
- ☐ Parole / Probation Reports
- ☐ Police Reports
- ☐ Progress Notes
- ☐ Psychological/Psychiatric Testing & Assessments
- ☐ Social History
- ☐ Medical Information / Reports: _____for the period: _____
- ☐ School — ☐ Attendance ☐ Behavior ☐ IEP ☐ Educational Records
- ☐ Other _____

Information to be used for:

- ☐ Acknowledge Referral
- ☐ After Care Treatment
- ☐ Billing Insurances, MA
- ☐ Education Planning _____
- ☐ Other _____
- ☐ Consultation
- ☐ Planning / Coordinating Services
- ☐ Legal Purposes _____

I understand that this authorization is voluntary and that I may revoke it in writing at any time. I understand that if the person or organization I authorize to receive information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and could be re-disclosed. This authorization will expire on _____ or, if no date or event is specified, 12 months from the date of signing. A photocopy or fax of this authorization will be treated in the same manner as the original.

_____ _____
SIGNATURE OF CLIENT DATE SIGNATURE OF PARENT / GUARDIAN DATE

_____ _____
SIGNATURE OF WITNESS DATE SIGNATURE OF PARENT / GUARDIAN DATE