

AUTHORIZATION TO DISCLOSE INFORMATION

JAMES RIVER SPECIAL EDUCATION UNIT

PO BOX 1896

JAMESTOWN, ND 58402-1896

(701) 252-3376

Name of Student: (Last, First, Middle Initial)		Social Security No.	Date of Birth:	
Street Address:	City:	State:	Zip Code:	

PARENT RELEASE AND SIGNATURE

1. I Hereby Authorize:			
Name of Person/Agency: James River Special Education Unit (JRSEU) Personnel Handling Medicaid Claims			
Street Address: PO Box 1896	City: Jamestown	State: ND	Zip Code: 58402-1896
2. To Exchange Information With:			
Name of Person/Agency to Receive Information:			
Street Address:	City:	State:	Zip Code:
3. The Following Information Is Requested: (Be Specific) Physician Authorization: JRSEU will submit a copy of the student's Individual Education Plan (IEP) to the Person/Agency referred to in Box 2, requesting the physician's recommendation on therapy services listed on the IEP.			
4. The Information Identified Above Will Be Used For: (List Each Purpose) Claiming Medicaid Funds			
5. This Authorization to Disclose Information Remains in Effect Until: (Date)			
OR: (Specific Event Terminating Operation of the Release) The student is discharged from special education services provided through JRSEU.			

PARENT CONSENT:

This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Refer to the Notice of Privacy Practices for further description of revocation rights. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission. I understand that the student's special education services provided through JRSEU will not be affected if I do not sign this form.	
Signature of Parent/Guardian or Custodian (and Relationship):	Date:
<input checked="" type="checkbox"/> CHECK IF APPLICABLE - NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING EDUCATIONAL RECORDS This information has been disclosed to you from records protected by Federal confidentiality rules (34 CFR Part 99). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 34 CFR Part 99. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose.	

NOTICE: Except for information subject to 34 CFR Part 99, information disclosed to another entity may potentially be redisclosed, in which case it may not be protected by state or federal law.

DISTRIBUTION: To agency/person from whom information is sought Parent
 Requesting Agency Other