Authorization to Disclose Prevention Information

Date:

I (Student's name) **authorize the staff of**

to ☐ **exchange** **or** ☐ **disclose** **information with:**

(Name/Title)

Purpose of Disclosure:

◯ to coordinate prevention services ◯ to gather information for evaluation of programming ◯ publicity

◯ to coordinate supplemental services ◯ Other:

Type of Information to be Disclosed:

◯ family background ◯ aggregate evaluation results ◯ information regarding student's behavior ◯ school attendance

◯ information regarding student's social interaction with others ◯ information regarding program participation

◯ academic information ◯ Other:

Amount of Information to be Disclosed:

This authorization expires (specify event, date, and/or condition)

Signature of student (required) Date

Signature of parent, guardian or authorized representative (optional) Date

Signature of staff Date

Revocation: This authorization is subject to written revocation at <u>any time except</u> to the extent the program or person who is to make the disclosure has already acted in reliance on it.

I hereby revoke consent: Signature of student Date

I hereby revoke consent: Signature of parent, guardian or authorized representative Date

◯ Signature of Staff or ◯ Witness Date

<u>Prohibition Against Re-Disclosure</u>: This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 <u>C.F.R.</u>, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 [HIPAA], 45 <u>C.F.R.</u>, parts 160 and 164. [These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.]