

1525 Locust Street, Red Bud, Illinois 62278
Phone (618)282-6251 ● Fax (618)282-6880

AUTHORIZATION TO RELEASE RECORDS
AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize _____ to release/obtain
(Name of agency or individual, address, and fax number)

confidential information or protected health information concerning _____
(Name of student) (Date of birth)

to/from: Perandoe Special Education District, 1525 Locust St, Red Bud, IL 62278
(Name of agency or individual and address)

The protected health information will be used or disclosed upon request for the following purposes (please name and explain each purpose):

This authorization for use and/or disclosure applies to the information described below (mark those that apply):

- Any and all records including health information, medical records, individual psychological testing, or special testing information. (Cross out any item you do not authorize to be released)
- Records regarding treatment for the following condition or injury _____
_____ on or about _____.
- Records covering the period of time _____ to _____.
- Other (please specify--include dates) _____.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Executive Director, Perandoe Special Education District, 1525 Locust Street, Red Bud, Illinois 62278. I also understand that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

I understand that once the information described herein is disclosed, it may no longer be subject to the privacy protections afforded by this facility.

This authorization expires on (please list a specific date or event) _____.
(If no date entered, authorization will expire one year from date signed.)

I certify that I have received a copy of this authorization.

(Signature of Parent or Guardian)

(Signature of Student if 12 or older)

(Address)

(Witness)

(Date)

This release does not waiver the right to challenge the contents of these records by the parents, guardian, or emancipated minor as prescribed by law. Release of these records to a third party requires additional authorization.