

APPENDIX F

Independent School District 279
Osseo Area Schools

**CONSENT FOR THE RELEASE
OF CONFIDENTIAL INFORMATION
REGARDING ALCOHOL & DRUG ABUSE STUDENT RECORDS**

I, _____, authorize
(name of student)

(name and title of person making disclosure)

(school)

to disclose to _____ the following
(name of person, title, or organization to which disclosure is to be made)

Information: _____
(nature of information, as limited as possible)

The purpose of the disclosure authorized herein is to: _____

(purpose of disclosure, as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(specification of the date, event or condition upon which this consent expires)

Dated: _____

Signature of Student

This notice accompanies a disclosure of information concerning a client receiving alcohol/drug abuse services, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). 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 CFR Part 2. A general authorization for the release of medial or other information NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.