



**DIAMONDHEAD CLINIC
CONSENT TO SHARE LIMITED INFORMATION 18+**

I give permission for Diamondhead Clinic to provide limited information about me to employees of Burnsville–Eagan–Savage School District who are involved in health center operations.

I understand that a school employee provides some administrative services to Diamondhead Clinic. These services may include things like helping make appointments, getting signatures on forms, and helping communicate with the school nurse if the school nurse is also involved in my health care. The school employee will keep all information he or she obtains about me confidential and will not share it with others at the school, except as needed to coordinate my care.

Name _____

Date of birth _____

Signature _____

Date _____

This permission is valid for one year from the date of signature unless I revoke it.

Please return signed form to _____