CONSENT FOR DISCLOSURE OF HIV/AIDS STATUS

I have informed a school district employee of the HIV/AIDS status of myself or a minor child for whom I am the parent or guardian. In addition to the person to whom I disclosed this information, I request that the following name persons or other individuals serving in that job function, directly related to me or my child, also be provided with this information.

NAME	JOB TITLE
_____	_____
_____	_____
_____	_____

I understand that this consent for disclosure is effective for ninety (90) days.

_____ _____
Signature Date

_____
Relationship to HIV Positive Person

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law." A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Legal Reference: RCW 70.24.017(12)
RCW 28A.230.070
WAC 392.198.0052