Park Rapids Area School District 301 Huntsinger Ave. Park Rapids, MN 56470 Fax: 218-237-6519	**CONSENT TO RELEASE PRIVATE DATA**

Student Name:	ID#:	Date:
School:	Grade:	DOB:

THIS FORM ALLOWS INFORMATION ABOUT YOUR CHILD TO BE EXCHANGED. PLEASE SIGN AND RETURN IT.

Parent/Guardian Name:

I hereby authorize Independent School District 309, the Park Rapids Public Schools and its staff as follows:

☐ to release information to: (check one or both boxes as needed)

☐ to obtain information from:

Name, Title:	Organization:
Phone#	

SCHOOL RECORDS MAY BE EXAMINED BY GUARDIAN(S), OR STUDENT IF AGE 18 OR OLDER. THE INFORMATION TO BE RELEASED:

	All school records and educational data
	All health records and related data
	Psychological reports and related data
	Special education and all related records and data
	Billing records
	Chemical Abuse/Dependency data
	Medical Report (including related services)
	Psychiatric Report
	Social Work Report
	Other:

THE PURPOSE FOR THE REQUEST: _____

I understand that this authorization takes effect the day I sign it. It expires on _____ or no more than one year from the date of my signature, whichever is earlier.

I also understand that I may revoke this authorization at any time by providing a signed, written notice of revocation to the Superintendent's office at Park Rapids Public Schools. A photocopy or facsimile of this Authorization has the same legal effect as the original.

In the case of protected health or medical information, I hereby authorize the healthcare provider to discuss, disclose, and otherwise release any and all medical records, medical data, and heath data identified above to the Park Rapids Public Schools and its staff and representatives pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") privacy regulations, 45 C.F.R. § 164.508. I understand that the healthcare provider may not condition treatment or payment on whether I execute this authorization. Health or medical information that is disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected by the privacy regulations promulgated pursuant to HIPAA. Records that are received by the School District may be protected from re-disclosure under the Family Education Rights Privacy Act and the Minnesota Government Data Practices Act.

_____ _____

Parent Signature (Student if age 18 or older) (Date Signed)