



WATAUGA COUNTY BOARD OF EDUCATION

Margaret E. Gragg Education Center
175 Pioneer Trail Boone, NC 28607
(828) 264-7190

AUTHORIZATION FOR RELEASE AND/OR REQUEST OF INFORMATION

This form implements the requirements for student authorization to use and disclose health information protected by the federal health privacy law (45 C.F.R. parts 160, 164), the federal drug and alcohol confidentiality law (42CFR, par 2), and state confidentiality law governing mental health, development disabilities, and substance abuse services (G.S. 122C).

STUDENT NAME:		DOB:	
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I hereby authorize: **Watauga County Schools, 175 Pioneer Trail, Boone, NC 28607, (828) 264-7190**

To disclose and/or share protected health information, including:

☐ Psychological evaluation results	☐ Student status (enrollment and/or progress)	☐ Participation in services	☐ Family dynamics and/or history	☐ School progress (grades, testing, progress, etc.)
☐ Safety and/or behavioral concerns	☐ Recommendations and/or treatment plans	☐ Clinical impressions	☐ Substance use/abuse concerns	☐ Social support services (food/shelter, DJJ, etc.)

With:

NAME: (Person, Agency, Entity, Professional, etc.)		ADDRESS:	
PHONE:			

For the purpose of: Coordination of Services

<i>Any applicable notes:</i>

Notice of Redisclosure

Once information is disclosed pursuant to the signed authorization, I understand that the federal health privacy law (45 C.F.R., Part 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing it. Other laws, however, may prohibit redisclosure. When this agency discloses mental health and developmental disabilities information protected by state law (G.S. 122C) or substance abuse treatment information protected by federal law (42 C.F.R., Part 2), it must inform the recipient of the information that redisclosure is prohibited except as permitted or required by these two laws.

Notice of Expiration and Revocation

With certain exceptions, you have the right to revoke this authorization at any time and if you want to revoke this authorization, it must be done in writing. If not revoked earlier in writing, this authorization expires automatically after a year of the date of this authorization.

Notice of Voluntariness

You may refuse to sign this authorization form. A readable copy (paper copy, photocopy, scan, fax, etc.) of this authorization shall have the same force and effect as the original.

Signature of Legally Responsible Person:		Date:
Relationship to Student:		
Signature of Student:		Date:
Additional Parent/Guardian Signature:		Date: