



## **Hutto ISD Licensed Private Duty Nurse Packet**

### **Guidelines for the Provision of Licensed Private Duty Nurses**

Purpose: The purpose of this guideline is to outline expectations for agencies, private duty nurses, parents, and educational staff for students receiving licensed private duty nursing services in Hutto ISD.

In order to begin Private Duty Nursing Services for a student on any Hutto ISD campus, Hutto ISD's Health Services Department requires receipt of the following from the contracting agency or independent contractor within the given timelines.

All documentation may be submitted to [health.services@huttoisd.net](mailto:health.services@huttoisd.net)

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Prior to initiation of services

- ☐ Review and print the Hutto ISD Licensed Private Duty Nurse Packet
- ☐ Complete the Request for Licensed Private Duty Nursing Form
- ☐ Submit signed release of information form
- ☐ Submit signed LPDN Agreement between Hutto ISD and Parents/Guardians
- ☐ Submit signed LPDN Agreement between Hutto ISD and LPDN
- ☐ Submit Signed LPDN Expectations form
- ☐ Submit Signed Copy of Criminal History Authorization Form
- ☐ Submit a Copy of Drivers License
- ☐ Submit a Badge Photo
- ☐ Parent provides a copy of student's physician's orders for the current year

**The items listed above are required prior to the start of each school year when there is a change in the nursing provider, or prior to a new student being served.**

Upon receipt and verification of all the items above, the Hutto ISD Human Resources Department will contact the LPDN to schedule their background check and fingerprinting.

The Human Resources Department will provide authorization to the contracting agency or independent contractor, and the health services department indicating that the private duty nurse may begin services with their student on a specified date.

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## **Hutto ISD Licensed Private Duty Nurse Packet**

### **Hutto ISD Guidelines for the Provision of Licensed Private Duty Nurses**

#### **1. Private Duty Nurse**

1.1 The private duty nurse accompanying a student to school is to attend to the ongoing and emergency medical needs of the client in her or his care, as outlined in the Nursing Services and Parent Agreement

1.2 The private duty nurse is responsible for providing a copy of the most recent or updated medical orders and MAR (medication administration records) to the school nurse within 1 school day of changes.

1.3 The private duty nurse is responsible for having weekly communication with the campus nurse regarding the student's medical needs.

1.4 The private duty nurse is responsible for signing in and out at the main office of the campus daily.

1.5 If the private duty nurse must leave campus for any reason, they must notify the classroom teacher and the campus nurse. If the private duty nurse must leave the classroom for any reason, they must notify the classroom teacher and/or other professionals in the room.

1.6 The private duty nurse must maintain the privacy and confidentiality of all students and protect against disclosure of confidential information and records, including but not limited to information and records protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which mandates the protection and privacy of health information and the Family Educational Rights and Privacy Act (FERPA) which protects student records and information.

1.7 The private duty nurse must not video record, audio record, and/or photograph students or campus staff for any reason.

1.8 The private duty nurse is only responsible for medical services for her or his

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client, and shall not provide medical services of any type to any other students, staff, or visitors.

1.9 The private duty nurse shall make every effort to ensure that the medical services they provide to their assigned student shall be non-disruptive and non-intrusive and should not disrupt the student's individual education plan.

1.10 The private duty nurse must wear a name badge at all times when present on any property owned by the district, including the nurse's name and title.

1.11 The private duty nurse shall follow all classroom, campus, and district health and safety procedures, including hand washing, cleaning, and hygiene.

## **2. Teachers and Other School Staff**

2.1 Teachers and other school staff shall not expect or request the private duty nurse to assist with any tasks, medical or other, for any students other than the private duty nurse's own client.

2.2 Teachers and other school staff shall consider the student's medical needs and schedule when planning the student's educational program.

2.3 Teachers and other school staff shall not share educational information with the private duty unless it is necessary for medical planning purposes for her or his client.

2.4 Teachers shall direct the private duty nurse to the campus nurse if there is knowledge of any changes in the student's medical needs or care.

2.5 If there is any concern regarding the provision of medical services or care by the private duty nurse, the teacher and/or other school staff shall notify the parent, campus Principal, the assigned Special Education Coordinator, campus nurse, and the District Nurse Coordinator.

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2.6 Teachers shall post instructional schedules and classroom procedures regarding safety, including hand washing, cleaning, and hygiene.

### **3. School Nurse**

3.1 The campus nursing staff will provide nursing support only if/when the private duty nurse is absent or unavailable, except for the provision of hearing and vision screenings pertaining to an evaluation of the student.

3.2 The campus nurse will participate in the ARD process, including the formation of an IHP (Individual Health Plan) for the student's medical needs.

3.3 The campus nurse will ensure weekly communication has occurred with the private duty nurse related to updates or changes to the student's medical needs.

3.4 If there is any concern regarding the provision of medical services or care by the private duty nurse, the campus nurse shall notify the parent, campus Principal, the assigned Special Education Coordinator, classroom teacher, and the District Nurse Coordinator.

### **4. Parents/Guardians**

4.1 The parent waives campus nursing services related to the provision of school health and related services to the student, except for the provision of hearing and vision screenings pertaining to an evaluation of the student.

4.2 If the parent requests new services or adjustments to the student's health

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services, the parent will request an ARD committee meeting for consideration of any changes.

4.3 The parent shall provide a copy of any or all doctor's orders for the student.

4.4 The parent understands that the private duty nurse may not share information regarding their child's educational or instructional services. They may also not ask the private duty nurse to share any information regarding other students, medical or educational needs.

### **5. Individualized Health Plan (IHP)**

5.1 If the student requires medical care, an IHP shall be developed through the ARD committee.



## Hutto ISD Licensed Private Duty Nurse Packet

### Licensed Private Duty Nurse Expectations

Purpose: To clearly outline the expectations for private duty nurses in the school setting.

The Licensed Private Duty Nurse (LPDN) shall:

- ☐ Complete a background check and fingerprinting with Hutto ISD HR Department.
- ☐ Provide a copy of a current Texas nursing license.
- ☐ Follow the Nurse Practice Act.
- ☐ Keep all students' educational and health care information confidential unless and until a confidentiality disclosure form has been signed.
- ☐ Be responsible for all nursing and health services their assigned student may require at school.
- ☐ Care for their assigned student and no other students or staff members.
- ☐ Not interfere with the educational process of their assigned student or any other student in the school setting.
- ☐ Follow all Hutto ISD visitor policies including signing in and out daily.
- ☐ Ensure parents/guardians notify the campus nurse of any LPDN absence.
- ☐ Treat all students and staff with respect and courtesy.

Student Name	Campus	Grade
Parent/Guardian Name	Parent/Guardian Signature	Date
LPDN Name and Credentials	LPDN Signature	Date

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### **HUTTO ISD PRIVATE DUTY NURSE AGREEMENT**

#### **HISD AND PARENT/STUDENT**

Name of Student	Campus	Grade

This Agreement is entered into between Hutto Independent School District (District) and \_\_\_\_\_ parent(s) or legal guardian ("PARENT") of \_\_\_\_\_, a minor student (STUDENT) for the purpose of allowing Student to receive health services from Student's Licensed Private Duty Nurse (LPDN), employed by or contracted by Parents, in accordance with Student's Parents' requests. The District and the LPDN have a separate Agreement concerning these services. DISTRICT and PARENT do hereby agree to the following terms and conditions related to the District allowing the LPDN to accompany the Student to school:

1. Neither the District nor the Student's Admission, Dismissal, Review ("ARD") Committee has determined that Student requires the services of a private nurse: Rather, Student's Parents prefer that Student have continuous health services from Student's private duty nurse. In order to accommodate the Parent's wishes, the District agrees to allow Student's private duty nurse to accompany him/her to school each day for the purpose of providing health services.
2. The District and Parents agree that the LPDN has no employment relationship with the District, and the District shall not be liable in any way for any compensation, benefits (including workers' compensation insurance), wages, or expenses of such LPDN incurred in connection with providing any service to the Student. The LPDN is responsible for all health, nursing, and medical services the Student may require at

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school, except for state-mandated screenings pertaining to an evaluation of the student. The Parents agree and understand that the District shall provide assistance to the LPDN only in an emergency situation, as determined by a District's campus nurse, in order to assist in protecting the health or safety of the Student. The parent shall provide the District with a copy of the current doctor's orders pertaining to the student. The Parents agree and understand that the District must have current doctor's orders pertaining to the Student, and failure to provide current orders could result in disruption of services to the Student. The District and Parents further agree that District nurses have no duty or responsibility for supervision or monitoring of the school health, nursing, medical, or any other services provided to the above-named Student by the LPDN.

3 The District and Parents agree that the District has offered to provide all necessary and appropriate school health related services to the Student. The Parents agree and acknowledge that the District is ready, willing, and able to provide those services to the Student. The Parents agree and do hereby waive and release the Student's rights to receive such school health services from the District or to be reimbursed for providing those services through the LPDN. The Parents further waive and release any and all claims against the District, its trustees, administrators, teachers, nurses, employees, officers, agents, volunteers or assigns, each both in their official and their individual Hutto Independent School District Private Duty Nurse Agreement-District and Parent capacities, related to the provision of school health, nursing, and medical services for the Student, including any claims under the Individuals with Disabilities Education Act, the Americans with Disabilities Action, Section 504 of the Rehabilitation Act of 1973, 42 U.S.C. § 1983, and the United States Constitution, Chapter 29 of the Texas Education Code and any implementing regulations for these aforementioned statutes, both federal and state, which might arise as a result of this Agreement. The District and Parent agree that the District has no liability for any conduct of the LPDN and the Parent hereby releases the District from any and all claims arising from or involving any way whatsoever the actions or failure to act of the LPDN.

4. The District and Parents agree that this Agreement does not constitute any waiver by the District of any immunity or right it may have under the law.

5. The Parents agree to indemnify and hold harmless the District, its trustees, administrators, teachers, nurses, employees, officers, agents, volunteers or assigns, each both in their official and their individual capacities from all suits, actions, losses, damages, claims, or liability of any character, type, or description, including but not

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limited to all expenses of litigation, court costs, and attorney's fees for injury or death to any person, or injury to any property, received or sustained by any person or persons or property, arising out of, or occasioned by, the acts of the LPDN, whether negligent or purposeful, that in any way involves or relates to services provided by the LPDN to the Student or any failure of the LPDN to comply with the policies, rules, and regulations of the District.

**THIS INDEMNIFICATION AGREEMENT EXPRESSLY EXTENDS TO ALL CLAIMS OR CAUSES OF ACTION OF ANY ORIGIN CONCERNING THE LPDN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF THE LPDN. THE PARENTS UNDERSTAND THAT THIS INDEMNIFICATION BINDS THEM, THEIR ASSIGNS, PERSONAL REPRESENTATIVES, AND HEIRS.**

6. The District and Parents agree and acknowledge that the LPDN shall be subject to all of the District's rules, regulations, and policies while on District property or while attending District-related or District-sponsored events on or off District property with the Student. This includes maintaining the privacy and confidentiality of all students, and specifically includes, but is not limited to, adhering to confidentiality in regard to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which mandates the protection and privacy of health information and the Family Educational Rights and Privacy Act (FERPA) which protects student records and information. The District shall inform the LPDN providing services to the Student of the applicable school rules and regulations by providing a link to the District's Board policies on the District's website. The Parents further agree that should the LPDN fail or refuse to abide by the District's rules, regulations, and policies, the Parents will take steps to rectify the situation, including addressing the problem with the LPDN and any agency which employs or provides the services of the LPDN. If the situation is not addressed to the satisfaction of the District, this agreement will be terminated by the District.

7. The District requires all individuals who provide services on District campuses and/or facilities to have a criminal background check, which includes fingerprinting from a Texas Education Agency-approved agency. This Agreement is expressly conditioned upon each LPDN providing the District with a copy of his or her current nurse's license issued by the Board of Nursing for the State of Texas, in addition to all other information necessary to secure the criminal background check. The District will require the LPDN to wear a name tag at all times when present on any property owned by the District. The name tag, in accordance with the regulations of the Texas Board of Nursing, must (1)

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display the LPDN's name, and (2) identify the LPDN as a registered nurse or vocational nurse according to licensure.

8. The District requires a copy of all doctors' orders and treatment plans concerning the Student that the LPDN is providing service, and all such orders and plans must be provided to the District by the Parents prior to the LPDN's arrival on campus. The District's nurse will perform an assessment and report of the Student's medical condition upon arrival at school, either on a daily or a periodic basis, to be determined by the District's campus nurse. The District further requires a copy of all nursing notes and related documentation prepared or maintained by the LPDN concerning the services provided by the LPDN for the Student while on District property or while attending District-related or District-sponsored events on or off District property, upon request. The Parents agree to provide all necessary consent and release of confidential information to the District to permit the District nurse to communicate with all service providers and receive copies of all reports or evaluations pertaining to the healthcare needs of the student.

9 In the event that the LPDN will not accompany the Student to school for any reason during the period of this Agreement, the Parent agrees to notify the school nurse on the campus where the Student is enrolled of the LPDN's absence. Parents shall provide this notice as soon as possible, but in no event later than the start of the school day on which the LPDN will be absent. Parents understand that the services provided by the LPDN may be above and beyond what the District (through an ARD Committee, 504 Committee, or other evaluation processes) has determined is necessary and appropriate for Students to receive a free, appropriate public education. Thus, the services that may be provided in the absence of the LPDN will not be identical to the services provided by the LPDN.

10. This Agreement becomes effective on \_\_\_\_\_ and shall remain in effect until the parent or the District terminates the agreement. **However, this Agreement is expressly conditioned upon and subject to the execution of an Agreement between the District and the LPDN in which the LPDN, among other terms, acknowledges and agrees that he or she is not an employee of the District and agrees to abide by all of the District's rules, regulations, and policies while on District property or at any District-related or District-sponsored event or activity on or off District property.**

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This agreement may be terminated by the Parents upon provision of written notice to the District five school days in advance of the intended cessation of services by the LPDN, following which the District agrees to provide all necessary and appropriate

### **Hutto Independent School District**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

### **Parents**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# Hutto Independent School District



## CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

I, \_\_\_\_\_, authorize the Hutto Independent School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for employment. I understand that the District may terminate my services at any time if the District determines, at its sole discretion, that my criminal history is not acceptable.

Last Name:	
Maiden/Former Last Name(s):	
First Name:	
Middle Name:	
Social Security Number:	
Driver's License #: Issuing State:	
Address:	
City: State: Zip:	
Date of Birth:	
Telephone Number, including area code:	
Current Email address:	

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Hutto Independent School District



## Felony Conviction Notice:

State of Texas Legislative Senate Bill No. 1, section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enter into a contract with a school district must give advance notice to the district if the person or owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

Subsection (b) states “a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for service performed before the termination of the contract.”

☐ I have never been convicted of a Felony

☐ I have been convicted of a Felony.

Give a brief description below

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Signature \_\_\_\_\_ Date \_\_\_\_\_

*Section 22.083 of the Education Code authorizes a school district to obtain criminal history record information from any law enforcement or criminal justice agency on applicants, employees, or volunteers of the District.*



## Hutto ISD Licensed Private Duty Nurse Packet

### Hutto ISD PRIVATE DUTY NURSE AGREEMENT

#### HISD AND PRIVATE DUTY NURSE

Name of Student	Campus	Grade

This Agreement is entered into between Hutto Independent School District (District) and \_\_\_\_\_, a Licensed Private Duty Nurse (LPDN), employed by or contracted by the parent(s) or legal guardian(s) of \_\_\_\_\_, a minor student (Student), for the purposes of allowing LPDN to provide health services to Student in accordance with Student's Parents' requests. The District and Parents have a separate Agreement concerning these services. DISTRICT and LPDN do hereby agree to the following terms and conditions related to the District allowing the LPDN to accompany the Student to school:

1. Neither the District nor the Student's Admission, Dismissal, Review ("ARD") Committee has determined that Student requires the services of a private nurse. Rather, Student's Parents prefer that Student have continuous health care from Student's private duty nurse. In order to accommodate the Parent's wishes, the District agrees to allow Student's private duty nurse to accompany him/her to school each day for the purpose of providing health services.
2. The LPDN is responsible for all health, nursing, and medical services the Student may require at school, except for the State of Texas mandated screenings pertaining to the student. The District shall provide assistance to the LPDN only in an emergency situation, as determined by the District's campus nurse, in order to assist in protecting the health or safety of the Student. The parent shall provide the District with a copy of the current doctor's orders pertaining to the Student.
3. The LPDN understands and agrees that she/he will not interfere with the educational process of Students or other students in the classroom, and will take all necessary precautions to minimize disruption to the classroom. The LPDN shall not interfere with classroom management techniques, nor shall the LPDN interrupt or disrupt classroom instruction. After parental consent has been obtained, it is expected that the LPDN will

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share relevant health-related information for the Student to District staff who have a need-to-know basis, including but not limited, to teachers, campus clinic staff, campus administration, and other staff as necessary.

4. LPDN agrees to comply with any campus procedures related to the location of the LPDN during the school day, including the housing of the LPDN in an alternate room within the campus, as long as such procedure is appropriate for the health and safety needs of the Student.

5. The LPDN has no employment relationship with the District, and the District shall not be liable in any way for any compensation, wages, benefits (including workers' compensation insurance), and expenses of the LPDN incurred in connection with providing any service to the Student. By signing this Agreement, the LPDN acknowledges that he or she is not an employee of the District.

6. The LPDN shall be subject to all of the District's rules, regulations and policies while on District property or while attending District-related or District-sponsored events on or off District property with the Student. Further, the LPDN shall follow all procedures of the District campus on which the LPDN provides services to the Student. Those procedures include, but are not limited to, signing in and out at the front office on the school campus each day, notifying appropriate campus staff if the PDN will be absent, and refraining from disruption of the instructional environment.

7. The District shall inform the LPDN of the applicable school rules and regulations by providing a link to the District's Board policies on the District's web site. The LPDN must maintain the privacy and confidentiality of all students and protect against the disclosure of confidential information and records, including but not limited to information and records protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which mandates the protection and privacy of health information and the Family Educational Rights and Privacy Act (FERPA) which protects student records and information. The LPDN acknowledges and agrees not to disclose any confidential information, other than as specified herein, related in any way to the Student for whom services are provided or to any other students and individuals on the campus.

8. The LPDN agrees to submit to a criminal background check conducted by the District or a District selected agency and/or authority, which includes fingerprinting from an approved Texas Education Agency. The LPDN must provide the District with a copy of

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his or her current nurse's license issued by the Board of Nursing for the State of Texas, in addition to all other information necessary to secure the criminal background check. The LPDN shall wear a name tag at all times when present on any property owned by the District. The name tag, in accordance with the regulations of the Texas Board of Nursing, must (1) display the LPDN's name, and (2) identify the LPDN as a registered nurse or vocational nurse according to licensure. Should the LPDN be arrested for any reason at any time during the term of this Agreement, the LPDN shall notify Human Resources of the arrest within two business days following the date of the arrest.

9. Upon request, the parent shall provide the District a copy of all nursing notes and related documentation prepared or maintained by the LPDN concerning the services provided by the LPDN for the Student while on District property or while attending District-related or District-sponsored events on or off District property. Copies of said notes and related documentation shall be provided to the District nurse assigned to the campus on which the Student is enrolled no later than one school day following the date the services were provided to the Student by the LPDN. The health information will be stored in a confidential manner and will only be shared with those who have a need-to-know basis or who may be involved in interacting with the student. All services shall be performed entirely at the LPDN's risk. The District and the LPDN agree that the District shall have no liability for any damages or injuries the LPDN may sustain in the course of providing services to the Student herein. Further, the District and the LPDN agree that the District shall have no liability for any damages, injuries, or other claims brought by the LPDN or against the LPDN arising in any way whatsoever to the provision of any school health, nursing, or medical services to the Student by the LPDN.

11. The District and the LPDN agree that this Agreement does not constitute any waiver by the District of any immunity or right it may have under the law.

12. THE LPDN SHALL INDEMNIFY AND HOLD HARMLESS THE DISTRICT AND ITS TRUSTEES, ADMINISTRATORS, TEACHERS, NURSES, EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS AND ASSIGNS FROM ALL SUITS, ACTIONS, LOSSES, DAMAGES, CLAIMS, OR LIABILITY OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING BUT NOT LIMITED TO ALL EXPENSES OF LITIGATION, COURT COSTS, AND ATTORNEY'S FEES FOR INJURY OR DEATH TO ANY PERSON, OR INJURY TO ANY PROPERTY, RECEIVED OR SUSTAINED BY ANY PERSON OR PERSONS OR PROPERTY, ARISING OUT OF, OR OCCASIONED BY, THE ACTS OF THE LPDN, WHETHER NEGLIGENT OR PURPOSEFUL, IN THE



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EXECUTION OR PERFORMANCE OF (1) ANY SCHOOL HEALTH, NURSING, OR MEDICAL SERVICES TO THE STUDENT, OR (2) THE TERMS OF TIDS AGREEMENT. THE LPDN UNDERSTANDS THAT THIS INDEMNIFICATION BINDS HIM OR HER, HIS OR HER ASSIGNS, PERSONAL REPRESENTATIVES, AND HEIRS.

13. This Agreement may not be assigned by the LPDN to any other private duty nurse(s) or care provider(s).

14. This Agreement becomes effective on \_\_\_\_\_ and shall remain effective until the parent or the District terminates the agreement. However, this Agreement is expressly conditioned upon and subject to the execution of an Agreement between the District and the LPDN in which the LPDN, among other terms, acknowledges and agrees that he or she is not an employee of the District and agrees to abide by all of the District rules, regulations, and policies while on District property or at any District-related or District-sponsored event or activity on or off District property. The District can terminate this agreement, with or without cause, by written notice to the Parent(s) of the Student and the LPDN, effective immediately upon delivery of the written notice to the LPDN. Failure to follow this agreement may result in your immediate removal. This agreement must be completed and approved prior to services beginning.

### **Hutto Independent School District**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

### **Licensed Private Duty Nurse**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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## Hutto ISD Licensed Private Duty Nurse Packet

DATE SENT/MAILED \_\_\_\_\_

### Hutto Independent School District

200 College Street

Hutto, TX 78634 - (512) 759-3771

### CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact 1: \_\_\_\_\_ MEDICAID# \_\_\_\_\_

This consent for disclosure of confidential information is for release of the student's confidential information between Hutto Independent School District and a third party, as follows:

\_\_\_\_\_  
NAME OF PERSON

\_\_\_\_\_  
NAME OF AGENCY

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX/EMAIL: \_\_\_\_\_

RECORDS REQUESTED/RECORDS TO BE RELEASED:	PURPOSE OF DISCLOSURE
<input type="checkbox"/> FIE, ARD, IEP, State Assessment Results	<input type="checkbox"/> To assist outside person/agency in providing non-educational support
<input type="checkbox"/> Psychological Evaluations	<input type="checkbox"/> To assist ARD committee in educational planning
<input type="checkbox"/> Transition Data/Vocational Testing	<input type="checkbox"/> Parent request
<input type="checkbox"/> Medical records	<input type="checkbox"/> Other:
<p>If the person or entity that receives the information is not a healthcare provider or health plan covered by federal policy regulations, the information may be re-disclosed and no longer protected by federal privacy laws or regulations</p>	
<input type="checkbox"/> Other:	

For more information, please call:

\_\_\_\_\_ at \_\_\_\_\_  
SCHOOL STAFF PERSON, POSITION TELEPHONE NUMBER



## Hutto ISD Licensed Private Duty Nurse Packet

DATE SENT/MAILED \_\_\_\_\_

Hutto Independent School District  
200 College Street  
Hutto, TX 78634 - (512) 759-3771

### CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact 1: \_\_\_\_\_ MEDICAID# \_\_\_\_\_

Please respond to each statement with a **YES** or **NO** and sign at the bottom. If you indicate **YES** in response to all of the statements below and sign at the bottom, you will be giving your consent for disclosure of your/your child's confidential information.

- ☐ Yes ☐ No I have been fully informed in my native language or other mode of communication and understand the school's request for my consent, as described above. This information will be disclosed/requested upon receipt of my written consent.
- ☐ Yes ☐ No I understand that my consent for the disclosure of confidential information is voluntary and may be revoked at any time by contacting my local school district/charter school. However, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).
- ☐ Yes ☐ No I give my consent for the disclosure of confidential information. Unless otherwise revoked, this authorization will expire 180 days from the date of this authorization.

\_\_\_\_\_  
NAME OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF INTERPRETER, IF USED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF INTERPRETER, IF USED

\_\_\_\_\_  
DATE

Please return this form to:

\_\_\_\_\_ at \_\_\_\_\_ as soon as possible.  
SCHOOL STAFF PERSON, POSITION SCHOOL