



**ST. MARTIN PARISH SCHOOL BOARD
CONSENT TO RELEASE BEHAVIORAL HEALTH INFORMATION
(Including Paper, Oral, and Electronic Information)**

Your written consent allowing communication between your outside behavioral health provider and St. Martin Parish School Board is required by law (La. R.S. 17:173(h)). Please complete all blanks below.

Student Name	Date of Birth
Street Address	City/State/Zip
School	Grade

<p>I hereby authorize:</p> <p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY/STATE/ZIP: _____</p> <p>PHONE NO.: _____</p> <p>To Release Protected Medical And Behavioral Health Information To:</p> <p>NAME: _____</p> <p>_____ Parish Public Schools</p> <p>Address: _____</p>

I authorize and consent to the release of protected medical and behavioral health information related in any way to the behavioral health provider evaluation, treatment plan, and services rendered to my child while at school during the school day, including medical history, medications, examinations and reports, hospital records, treatment records, progress reports, and any and all other information directly or indirectly pertaining to my child's medically necessary behavioral health needs.

This authorization and consent shall expire one year from the date on which it is signed.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

Witness Signature

Date