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Authorization To Exchange/Redisclose Communications And Records

To:

_____
Name

_____
Organization

_____
Address

_____
City, State, Zip

Re:

_____
Name(s)

_____
Date(s) of Birth

_____
Address

_____
City, State, Zip

The affixed signature(s) authorizes _____ and the Agency or Person to whom this form is addressed to exchange restricted/confidential communications and records as listed regarding the above-named individual(s).

The purpose for the exchange/disclosure is _____
_____, and is accessible for inspection and copying upon request.

The person(s) authorizing the exchange/redisclosure of communications and records has the right to revoke this consent by written statement at any time. Information released prior to revocation is not affected.

This Authorization To Exchange/Redisclose Communications And Records is valid until _____. (One year is often used for ongoing collaboration when coordination of care is warranted.)

Failure to sign this form will prevent the exchange/redisclosure of communications and records, and may result in a disruption in the continuity of your child's educational progress.

List type(s) of communication(s) and record(s) to be exchanged/redisclosed. (If mental health records are being sent, identify them according to agency, type of information, and dates of reports.) _____
_____
_____
_____

Signature(s) required: individuals age 12 or older; parent/guardian if child is less than age 12; child only if age 12-17 and receiving substance abuse treatment without parent consent.

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

Witness: _____ **Date:** _____
(Signature of witness who can verify the signee's identity)

Signatures indicate awareness of the nature and content of the communications and records being exchanged or redisclosed. By signing this document, I understand that once my health information is disclosed to the recipient, it cannot be guaranteed that the recipient will not redisclose my health information. However, according to FERPA, Benjamin School District 25 will require an additional consent form to be signed in order to redisclose this information beyond what may be necessary to share with school personnel.

Note to receiving agency: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act and the Federal Confidentiality Rules (42-CFR Part 2), no such records, nor information from such records, may be further disclosed without specific authorization for such redisclosure.