# Carbon Lehigh Intermediate Unit #21

4210 Independence Drive
Schnecksville, PA 18078-2580

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## AUTHORIZATION FOR DISCLOSURE OF MEDICAL AND EDUCATIONAL RECORDS AND INFORMATION

Student/Patient Name: _____ Date of Birth: _____

I hereby authorize the Carbon Lehigh Intermediate Unit and the _____ School District and _____ to exchange the following information concerning the above student/patient, subject to the limitations described herein:

- ☒ Evaluation Report
- ☒ Reevaluation Report
- ☒ Academic Evaluation
- ☒ Diagnostic Summary
- ☒ Developmental History
- ☒ Discharge/Aftercare Plan
- ☒ Other information as deemed appropriate, please list:

All oral motor/swallowing assesments including video swallow studies and feeding clinics

- ☒ Treatment Plans
- ☒ Lab Reports
- ☒ Medical History
- ☒ Medications
- ☒ Psychiatric Evaluation
- ☒ Psychological Evaluation
- ☒ Exchange of Verbal Information
- ☒ Individual Education Plan (IEP)

This authorization allows the release of confidential information protected under the Health Insurance Portability and Accountability Act ("HIPAA") and the Family Educational Rights and Privacy Act ("FERPA") and is designed to meet the requirements of both laws. I understand that I may revoke this consent at any time, except to the extent that action has already been taken in reliance upon my consent. My consent will expire one (1) year from the date of my signature. I understand that both of the above parties must maintain the information they exchange in the strictest confidence and that they may not re-disclose it except as explicitly permitted under HIPAA or FERPA.

I understand that I am entitled to receive a copy of this authorization.

I am signing this authorization voluntarily and understand that my child's receipt of any healthcare treatment or educational service is not contingent upon complying with this request for authorization.

| Parent/Guardian Signature | Printed Name | Date |
|---|---|---|
| Witness Signature | Printed Name | Date |

**Please forward information to the Attention of:** _____
Carbon Lehigh Intermediate Unit #21
4210 Independence Drive, Schnecksville, PA 18078-2580

**Helping Children Learn**

*"CLIU is a service agency committed to Helping Children Learn."*

610-769-4111, ext. _____