



Section I.

Date: \_\_\_\_\_ Student's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yy) ID: \_\_\_\_\_ School: \_\_\_\_\_

Section II.

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

[ ] to release the specific information identified below to:

[ ] to obtain specific information identified below from:

Name of individual entity: \_\_\_\_\_

Address: \_\_\_\_\_

- [ ] Health Records Created between \_\_\_\_\_ (mm/dd/yy) and \_\_\_\_\_ (mm/dd/yy)
[ ] Medical Reports Created between \_\_\_\_\_ (mm/dd/yy) and \_\_\_\_\_ (mm/dd/yy)
[ ] Chemical Abuse/ Dependency Report Created between \_\_\_\_\_ (mm/dd/yy) and \_\_\_\_\_ (mm/dd/yy)
[ ] Psychological Reports Created between \_\_\_\_\_ (mm/dd/yy) and \_\_\_\_\_ (mm/dd/yy)
[ ] Psychiatric Report Created between \_\_\_\_\_ (mm/dd/yy) and \_\_\_\_\_ (mm/dd/yy)
[ ] Teacher, Counselor, Staff Created between \_\_\_\_\_ (mm/dd/yy) and \_\_\_\_\_ (mm/dd/yy)
[ ] Special Education Report Created between \_\_\_\_\_ (mm/dd/yy) and \_\_\_\_\_ (mm/dd/yy)
[ ] Social Work Report Created between \_\_\_\_\_ (mm/dd/yy) and \_\_\_\_\_ (mm/dd/yy)
[ ] Others (specify) Created between \_\_\_\_\_ (mm/dd/yy) and \_\_\_\_\_ (mm/dd/yy)

For the purpose of:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Section III.

I understand this authorization:

[ ] takes into effect the day I sign it [ ] cannot exceed one year and expires one year from the date of my signature

[ ] a copy of this form is as valid as an original, and [ ] I will receive a copy of this authorization.

I further understand:

[ ] can be stopped any time by sending a written request to: NHCC Disability Services 7411 Eighty Fifth Ave. N. Brooklyn Park, MN 55445

[ ] I may refuse to sign this authorization and it will not affect my ability to receive educational services

[ ] The laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), Minnesota Government Data Practices Act (MGDPA or Chapter 13)

Student Signature:

Date:

\_\_\_\_\_

Instructions and Regulation Text

Complete the following information for these sections:

Section I.

- A. Today's date
- B. Students first name, middle initial, and last name
- C. Students birth date

Section II.

- A. Name of the student or legal representative giving the authorization
- B. Check the appropriate box(es) for the information that is the subject of this authorization.
- C. Include the date range in the appropriate spaces for the information categories selected.
- D. Describe the specific purpose why the information is being released or disclosed.

Section III.

- A. Check and complete the date for the specific expiration date one-year-from signature date.
- B. Check and complete to whom the student can send a written request to terminate this authorization.
- C. Review each bullet with the person signing the authorization.
- D. Secure signature and date.
- E. Provider person signing the authorization with a copy.

*Authorization Consent Content Requirements of HIPAA, FERPA, and Chapter 13*

*FERPA 99.30 Under what conditions is prior consent required to disclose information?*

- A. The student shall provide a signed and dated written consent before an educational agency or institution discloses personally identifiable information from the student's education records, except as provided in 99.31.
- B. The Written Consent Must:
  - a. Specify the records may be disclosed;
  - b. State the purpose of the disclosure; and
  - c. Identify the party or class of parties to whom the disclosure may be made.
  - d. When a disclosure is made under paragraph (a) of this section:
    - i. If a student so requests, the educational agency or institution shall provide him or her with a copy of the records disclosed.

*Chapter 13, 13.05 Duties of responsible authority. Subdivision 4. Private data may be used by and disseminated to any person or entity if the individual subject or subjects of the data have given their informed consent.*

Whether a data subject has given informed consent shall be determined by rules of the commissioner. The format for informed consent is as follows, unless otherwise prescribed by the HIPAA, Standards for Privacy of Individually Identifiable Health Information, 65 Fed. Reg. 82, 461 (2000) (to be codified as Code of Federal Regulations, title 45, section 164); informed consent shall not be deemed to have been given by an individual subject of the data by the signing of any statement authorizing any person or entity to disclose information about the individual to an insurer or its authorized representative unless the statement is:

- 1. In plain language;
- 2. Dated;
- 3. specific in designating the particular persons or agencies the data subject is authorizing to disclose information about the data subject;
- 4. specific as to the nature of the information the subject is authorizing to be disclosed;
- 5. specific as to the persons or entities to whom the subject is authorizing information to be disclosed;
- 6. specific as to the purpose or purposes for which the information may be used by any of the parties named in the clause
- 7. both at the time of the disclosure and at any time in the future;
- 8. specific as to its expiration date which should be within a reasonable period of time, not to exceed one year except in the case of authorizations given in connection with applications for life insurance or non-cancelable or guaranteed renewable health insurance and identified as such, two years after the date of the policy