



328 Sixth Street - P.O. Box 360, Menasha, WI 54952-0360

INFORMED CONSENT TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

REGARDING STUDENT:

Last Name First MI Parent Name

Date of Birth Telephone Maiden/Previous Name

Street Address City State Zip

RELEASE FROM:

Name (business/physician/service provider, etc.) Telephone

Street Address City State Zip

Attention

RELEASE TO:

Name (business/physician/service provider, etc.) Telephone

Street Address City State Zip

Specific type of information to be disclosed: Records/information to assist with educational programming

In the form of: Photocopies Verbal Communication Inspection Other (specify)

Purpose or need for disclosure/exchange: Educational Programming Speech & Language Occupational/Physical Therapy Psychological School Health/Vision/Audiologist Other (specify)

This consent will remain in effect until: Above request is processed or (specify date)

Student/Parent Rights (please read before signing): You may request multiple releases of information identified on this authorization form. You may receive a copy of this authorization. The Menasha Joint School District does not condition treatment or eligibility for benefits based on the signing of this authorization. You have the right to inspect and receive a copy of the material to be disclosed in accordance with District policies. The District may charge for photocopies based on School Board policies. You may revoke this authorization at any time (except to the extent that the District has already acted in reliance upon it), by written notice to the Menasha Joint School District.

Attention Privacy Officer: If the person or organization requesting this information is not subject to the federal privacy standards, the information disclosed pursuant to this authorization may no longer be protected by the federal privacy standards. A photocopy of this authorization shall be as valid as the original.

I hereby release the Menasha Joint School District from all legal responsibilities that may arise from this disclosure.

Student Signature: (If 18 yrs. or older)

Date:

Authorized Person: (Parent or Guardian)

Relationship:

Witness:

Menasha Joint School District
Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR HEALTH INFORMATION RIGHTS:

- Although your health record is the physical property of the healthcare facility and or school district that generated it, this information belongs to you.
- You have the right to request a restriction on certain uses of disclosures of your health care information, including disclosures to a family member or other person involved with your care or with payment for your care. We do not have to grant the restriction.
- You have the right to obtain a paper copy of the Notice of Privacy Practices upon request.
- You have the right to review your records, at no charge, or purchase photocopies. You must set up a time in advance with the facility.
- You have the right to know who has received your health information after 4/14/2004, except as otherwise provided by law.
- You have the right to request your health information by other means or in other locations to protect your privacy.
- You have the right to request an amendment to your protected health information. We will give you notice of our acceptance or denial of your request.
- You may be asked to make your request in writing and to give a reason as to why our health information should be changed.

OUR DUTIES:

- The school district is required to maintain the privacy of your health information.
- To provide you with Notice of Privacy Practices with respect to information we collect and maintain about you or your child.
- To abide by the terms of this notice.
- To accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We reserve the right to change our practices and to make the new provisions effective for all protected health information created or received prior to the effective date of this notice revision. Should our information practices change within the expiration date (maximum of one year) of your signed authorization to release information, we will mail a revised notice to your last known address.
- We will not use or disclose your health information without your proper authorization, with the exception of applicable state and federal laws.
- The Menasha Joint School District Notice of Privacy Practices can be found on our website at <http://www.mjsd.k12.wi.us>

EXAMPLES OF HOW YOUR HEALTH INFORMATION MAY BE USED BY THE SCHOOL DISTRICT OR HEALTH CARE PROVIDER:

- We will use your health information to provide you with treatment or services. For example: Your treatment team members might discuss your medical/health information in order to develop and carry out a plan for your services.
- We will use your health information for payment and operations. For example: a bill might be sent to you or third-party pay or we may receive a claim from your service provider. This may include information that identifies you, as well as procedures and supplies used.
- We will use your health information for regular service operations. For example: Case management staff, risk or quality improvement manager, or the quality improvement team may use information in your service record to assess the care and outcomes in your case. This information could be used to improve the quality and effectiveness of the services we provide.
- **Associates:** There are some services provided in our organization through contacts with associates or service providers. When these services are contracted, we may disclose your health information to our associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the associate to appropriately safeguard your information.
- **Communication with Other Individuals:** Health information will only be shared with other individuals if we have your written authorization or qualified under legal exemptions.
- **Marketing:** We may contact you with information on community resources or other health-related benefits and services that may be of interest to you.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- **For Health Oversight Activities:** We may disclose your health information to authorities for audit, investigation, inspection, licensure, disciplinary or other purposes related to oversight of the health care system or government benefit programs.
- Uses of disclosures other than described above will be made only with your written authorization. You have the right to revoke this authorization except to the extent that action has already been taken.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you believe your privacy rights have been violated, you can file a complaint with the Menasha Joint School District at the office of the Director of Business Services, Administration Building, 328 Sixth Street, P.O. Box 360, Menasha, WI 54952-0360. Phone: (920)-967-1400. There will be no retaliation for filing a complaint.

Any person who believes that a covered entity is not complying with the requirements of HIPAA may file a complaint with the Secretary of Health and Human Services within 180 days of the occurrence. Complaints may be filed with:
The U.S. Department of Health and Human Services, 200 Independence Avenue, SW Washington D.C. 20201.
Phone: (202)-619-0257, Toll Free: 1-877-696-6775.

Consumers cannot be asked to waive their rights to file a complaint in order to receive treatment or services and the filing of a complaint will not interfere with their health care. Office of Civil Rights phone: 1-866-627-7748.