CDHHY WASHINGTON STATE OUTREACH TEAM

AUTHORIZATION FOR RELEASE OF RECORDS

PURPOSE: As a parent, guardian or student, you have the right to give permission or not give permission for the release of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless release of records is allowed under one of the exceptions under the rules implementing the Family Education Rights and Privacy Act, FERPA, (for example, transfer of records from one school district to another).

Child name: _____ Child DOB: _____

ESIT EI Services Agency: _____ Today's Date: _____

I hereby authorize the mutual release of records between:

Washington Center for Deaf & Hard of Hearing Youth,
Attn: Early Childhood Outreach Director, 611 Grand Blvd, Vancouver, WA 98661

FRC Name:	Audiology Clinic/Provider:
Agency/Program Name:	Organization:
Address:	Address:
City/State/Zip:	City/State/Zip:
Email address:	Email address:

Describe the records to be disclosed:

- ☒ Current evaluation reports
- ☒ Current IFSP
- ☒ Audiogram / reports
- ☒ Pertinent medical or therapy reports
- ☒ Other:_____

The reason for disclosing the record(s) is:

I understand that this information obtained will be treated in a confidential manner by the CDHL under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received by the CDHL is protected under FERPA privacy standards and not the Health Insurance Portability and Accountability Act (HIPAA).

Note: For release of medical records, the authorization can be no longer than 90 days after this authorization is signed. If no date is entered this consent will remain in effect for one year from the date of signature

This authorization is valid until: _____
(Date)

I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

_____ _____

Parent/guardian Signature Date