

AUGUSTA COUNTY PUBLIC SCHOOLS

OFFICE OF PUPIL SERVICES

PO Box 960

Verona, VA 24482

(540) 245-5132

Fax (540) 245-5275

Release of Information

Student Name: _____ Date of Birth: _____

The Information Covered By This Release Includes:

All information including Patient History, Examinations, Diagnosis and Treatments relevant to Educational planning.

Purpose of Release: _____

I Hereby Authorize:

Name of Physician, Organization, or Person

Mailing Address

City, State, Zip

Phone Number / Fax Number

Parent/Guardian Signature

Date

Witnessed by

Date

To Release Information to and receive information from:

Augusta County Public Schools
PO Box 960
Verona, VA 24482
(540) 245-5132 Fax (540) 245-5275
Miranda Ball, Director of Pupil Services

Or

School

Address

School Representative

Print Name of Responsible Party

Date

Privacy Rights Regarding This Authorization

1. When your information is used or disclosed pursuant to this release, it may be subject to re-disclosure by the recipient and may no longer be protected by the Federal HIPAA Privacy Rule.
2. You have the right to revoke this release. To do so you must indicate your wish in writing, submitted to the Director of Pupil Services at Augusta County Public Schools, PO Box 960, Verona, Virginia 24482. If we have already disclosed your information we will not be able to retrieve it.
3. Your information may be released in paper or electronic form.

This Release Will Expire: / /

***If no date is given, this release will terminate when the student graduates.**