Ballston Spa
Educating Everyone Takes Everyone
CENTRAL SCHOOL DISTRICT

Office of Special Education
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Director of Special Education

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HIPPA COMPLIANT MEDICAL INFORMATION RELEASE

TO: _____
List name of Doctor/Hospital/Provider

I, _____, parent/legal guardian of _____ do
Parent/Legal Guardian's Name Student's Name
hereby voluntarily authorize the release of all medical records and other information regarding my child's treatment, hospitalization and outpatient care for his/her_____
Medical condition/Medical treatment
including (but not limited to):

- Psychiatric records or psychological testing related to psychiatric and/or other mental health impairments, including counseling information and psychotherapy notes
- Drug abuse, alcoholism and other substance abuse
- Physical impairments, including laboratory reports, evaluative testing, office notes and treatment summaries

pertaining to my child to the Ballston Spa Central School District's Committee on Special Education. I further authorize the Ballston Spa Central School District or its representative of the Committee on Special Education to examine and obtain copies of any and all records in your possession and control pertaining to my child's medical condition and treatment, and to discuss this information with the medical providers or staff where he/she is receiving medical treatment. I also authorize a representative of _____ to confer with
Name of Medical Provider/Hospital
_____,
Name of appropriate individual
the CSE Chairperson or his/her designee for the Ballston Spa Central School District for purposes of educational planning, including participation at CSE/504 meetings for my child,
_____.
Student's Name
This release is granted for the purpose(s) of identifying my son/daughter's academic, social, physical and/or management needs related to their medical condition for the provision of special education and related services, as needed. This authorization is good for 12 months from the date signed below.

DATE: _____

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____