BILLINGS PUBLIC SCHOOLS
415 North 30th Street
Billings, MT 59101

PARENT CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

(Authorization to Disclose Personally Identifiable or Heath Care Information)

ID# _____ **School:** _____

Student's Name: _____ **Birthdate:** _____

I hereby give permission for the mutual exchange of information and the following records of the above student. This release is for the following records or information:		
☐ ALL Records	☐ Discipline Records	☐ On-Going Program Coordination
☐ Cumulative Records	☐ Special Education Records	☐ Other (specify)
☐ Medical Records (Specify Below)		
☐ Complete Medical Record	☐ Specialist Reports	☐ Check-Ups
☐ Immunizations	☐ Newborn Birth Records	☐ Contagious Diseases
☐ Height and Weight	☐ Newborn Audiology	
Unless otherwise revoked, this authorization will expire on:		
☐ Once the information is received	☐ On-going until mutual services are discontinued	
☐ One year from the authorized date below	☐ Other:	

This release is between Billings Public Schools and the following agencies and/or individuals:	
Name	**Address**
Please send records (if different from the above address) to:	
School:	
School Address:	
Attention:	

My signature authorizes the exchange of the above information and/or records. You have the right to revoke this disclosure at anytime prior to the exchange. That request must be in writing to the building/program administrator. The district will protect all student records following federal and state guidelines. A covered entity under HIPAA may not condition treatment, payment, enrollment or eligibility upon whether you sign this authorization. Not all agencies or individuals to whom we release information to have the same federal and state law requirements and the released information may be disclosed and not protected.

Relationship to Child/Student: _____

Purpose of the Release: _____

Do you Request a copy of the records disclosed (at parent expense)? ☐ **Yes** ☐ **No**

SIGNATURE _____ **Date** _____

Records were requested by: _____ **Records were requested on:** _____