

ENVISION PARTNERSHIPS PREVENTION DEPARTMENT

STANDARD AUTHORIZATION TO DISCLOSE INFORMATION

Instructions: Please complete each section.

I (Student's name) _____ authorize the staff of Envision Partnerships to
X exchange or ___ disclose information with:

Name / Organization: _____

PURPOSE OF DISCLOSURE

- X to coordinate prevention services X to coordinate supplemental services
X to gather information for evaluation of programming [] other purposes
(specify) _____ Publicity _____

TYPE OF INFORMATION TO BE DISCLOSED (Staff should check only the specific ones that apply for this release)

- X family background X aggregate evaluation results
X information regarding student's behavior X information regarding student's social interaction
with others
[] school attendance
X information regarding program participation [] other: pictures, quotes, name _____
[] academic information

AMOUNT OF INFORMATION TO BE DISCLOSED : Past 12 months from signature date.

This authorization expires on ___/___/___ unless revoked before this specified time:

Signature of student (required) _____ Date _____

Signature of parent, guardian or authorized representative (optional) _____ Date _____

Signature of staff _____ Date _____

REVOCATION: This authorization is subject to written revocation at any time except to the extent the Program or person who is to make the disclosure has already acted in reliance on it.

I hereby revoke consent _____
Signature of student _____ Date _____

I hereby revoke consent _____
Signature of parent, guardian, or authorized representative _____ Date _____

Signature of staff or witness _____ Date _____

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal Confidentiality Rules. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C. F. R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)