

Release/Exchange of Information

I give my permission for the Monarch School of NE to **obtain and release** information concerning my child, _____, DOB _____, for the purpose of educational and health care provision to the following person's/agencies:

Provider/Specialist Name: _____

Phone: _____ Fax: _____

Practice Name and Address: _____

Approved methods of transmittal include the following:

- Fax Email Postal Mail Phone

Information to be released/exchanged includes any/all of the following confidential records:

 All Pertinent Records or check below

- Clinical Evaluation Report
- Intellectual Evaluation Report
- Achievement Evaluation Report
- Speech/Language Evaluation Report
- Functional Behavior Assessment

- Assessment Summary
- Social Family Medical History
- Transition Evaluation Report
- All Special Education Records
- Individual Education Plan (IEP)
- OT/PT/Medical Evaluation Reports/Orders

I understand information released/received by either party identified above cannot be released to any third party without my express written authorization.

This release is valid only for the purpose stated above. The Monarch School of NE must obtain my permission before releasing any further information to any other agency.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Additional Information:

- Your child will receive healthcare services based on confirmed and established signed orders from a licensed provider regardless of this release authorization.
- Once the information is shared with the recipient you specified above, how the recipient further discloses it may no longer be protected under federal and state privacy regulation.
- This authorization will remain in effect for one year from the date of the signature below, unless you specify a different date here: _____ (date). You as your Personal Representative may revoke this authorization at any time by providing written notice. Your revocation will not apply to any previously released information.

Forward requested information to: Health and Related Services

Monarch School of New England **61 Eastern Avenue, P.O Box 1921** **Rochester NH 03866**
www.monarchschoolne.org **Tel: (603)-332-2848** **Fax: (603)-330-0838**