

Okeechobee County School Board Authorization for Release of Records

Student _____ Date of Birth _____ Grade _____
Last First Middle

Requested From and To:			
Name and Title	_____		
School or Agency	_____		
Street Address	_____		
City	State	Zip	_____

To Be Released To and From::			
Name and Title	_____		
School or Agency	_____		
Street Address	_____		
City	State	Zip	_____

The signature below authorizes the release of records and pertinent information as indicated for the purpose of _____ in accordance with Federal, State and District Regulations. (If necessary, please forward a copy of this request to the appropriate office (s) where the records are kept.) Okeechobee County bills Medicaid for Fee for Services therapies. There are no charges to any parent for any service billed.

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| <input type="checkbox"/> Date of entry/withdrawal
<input type="checkbox"/> Previous Schools Attended
<input type="checkbox"/> Attendance information
<input type="checkbox"/> Educational Evaluation
<input type="checkbox"/> Exceptional Student Education Staffing Reports
<input type="checkbox"/> Dates & reasons for special program enrollment and withdrawals
<input type="checkbox"/> Current Individual Educational Plan
<input type="checkbox"/> Records required for Medicaid eligibility including exceptional education placement, birthday, social security number | <input type="checkbox"/> Grades to date in all subjects
<input type="checkbox"/> Standardized Test information
<input type="checkbox"/> Medical/health records
<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Vision/Hearing Screenings
<input type="checkbox"/> Speech/Language Screening
<input type="checkbox"/> Specific Learning Disabilities testing
<input type="checkbox"/> Social History | <input type="checkbox"/> Psychological Evaluation report
<input type="checkbox"/> Psychiatric Evaluation
<input type="checkbox"/> Occupational/Physical Therapy reports
<input type="checkbox"/> Discipline records/disciplinary actions
<input type="checkbox"/> Case Management
<input type="checkbox"/> Other: _____ |
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Adult Student/Parent/Legal Guardian privileges and obligations under Florida State Board of Education Rule 6A 1.955 state:
 (1) Right to access (if desired, a copy of records may be obtained by Parent/Legal Guardian/Adult Student at cost of reproduction)
 (2) Right to privacy (Right to waiver access to confidential letters and statements)
 (3) Right to challenge (Right to challenge the contents of records being provided through a hearing)
 (4) Right of notification (Right to know that records are being transferred)

Information received will **not** be disclosed to any other party except school officials with a legitimate educational interest without prior consent of Parent/Legal Guardian or Adult Student.

Please note: Only minimally necessary information will be released

Any release of mental health and substance abuse information must be pursuant to F.S.A. §394.4615, F.S.A. §455.667, §397.501(7), 42 U.S.C. §2900dd-2, 42 C.F.R. Part 2 and 45 C.F.R. §164.508. Only the above specified persons or agencies will receive this information. You have the right to inspect and/or copy protected health information to be used or disclosed as provided in 45 C.F.R. §164.524.

PROHIBITION OF REDISCLOSURE: This information has been disclosed from records whose confidentiality is protected. Federal and state rules prohibit anyone from making any further disclosure of this information unless the patient provides specific written authorization for the subsequent disclosure of this information or as otherwise permitted by 42 C.F.R. Part 2 or F.S.A. §394.4615. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. (42 C.F.R. 2.32). Florida law requires that any person, agency or entity receiving this information shall maintain such information as confidential and exempt from the provisions of the public records law. (F.S.A. §394.4615(B)). Any facility or private mental health practitioner who acts in good faith in releasing information pursuant to F.S.A. §394.4615 or other Florida statute is not subject to civil or criminal liability for such release.

***Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights & Privacy Act, Final Rule of Education Records, Federal Register, June 1, 1976, Vo. 41 Sec. 99.31, No. 118 Page 24673)**

I have been informed and understand my rights regarding the transfer of these records.

Adult Student Signature _____	Date _____
Parent/Legal Guardian _____	Date _____

Date Records Requested _____ Date Records Received _____

The school/district will presume that the parent/guardian has the right to access the student records unless the school has been provided with evidence that there is a legally binding instrument stating otherwise.