GREATER MINNESOTA PSYCHOLOGICAL ASSESSMENTS FOR DEAF, HARD OF HEARING & DEAFBLIND STUDENTS

2017-18 RELEASE OF INFORMATION FORM

Student Name __________________________________ Gender ☐Male ☐Female DOB __________

Address (street, city, state, zip) ____

Parent/guardian/legal representative ____

Email ____ Phone __________________________

Address (if different from student's) ____

School district ______________________ School name ____

I, __________________________________ (parent/guardian/legal representative and "Primary Signer"), authorize Metro ECSU and the GM Launch PAD ("the Program"); including Dr. McDevitt, staff, and subcontractors of the Program at Metro ECSU, 2 Pine Tree Drive, Suite 101, Arden Hills, MN 55112. Phone: 612-638-1529 Email: gmlaunchpad@metroecsu.org

Obtain from ____
Name & address of sender

Release to ____
Name & address of recipient

The following information and documents concerning the Student listed above:

☐Academic information including grades & attendance
☐Academic testing results
☐Behavior programs
☐Entire record, except progress notes
☐Information from educational file
☐Intelligence testing results
☐Interviews with school staff
☐Medical reports
☐Personality profiles
☐Progress reports

☐Psychological reports
☐Psychological testing results
☐Psychotherapy notes
☐Service plans
☐Special education forms
☐Special education/regular education evaluation reports
☐Summary reports
☐Vocational testing results

☐Other (specify) ________________________

Primary Signer's initials __________

GM Launch Pad Release of Information Form (continued)

The above information will be used for the following purposes:

☐Psychological assessment
☐Determining eligibility for Special Education Services
☐Determining appropriate Special Education Category
☐Providing consultation to the student's school
☐Providing consultation to the student & student's family
☐Determining eligibility for benefits or program
☐Case review—updating files
☐Developing an appropriate education plan

☐Other (specify) ______________________________

I understand that this information may be protected by the Health Insurance Portability and Accountability Act ("HIPAA") and applicable state laws. I understand that information disclosed pursuant to this authorization may be redisclosed by the recipient and no longer protected by state or federal law if the recipient is not a healthcare provider or other entity that is covered by state or federal rules.

I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my signing this authorization. I further understand that I may revoke this consent at any time by providing written notice to the Program at the address listed above, except that such revocation will not be effective to the extent that action has already been taken based on this authorization. This authorization will expire one year after the date I sign it unless earlier revoked. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have the right to receive a copy of this authorization. I understand that I have the right to refuse to sign this authorization.

Signer's relationship to the student (choose one)
☐Self ☐Parent/legal guardian ☐Legal representative ☐Other (specify) _________________________

If you are a legal guardian or representative appointed by the court for the student, please attach a copy of the court order or appointment to receive this protected health information.

Student Signature _______________________________________ Date ______________________________

Parent/guardian/legal representative ____ Date _____________
Signature (Primary Signer)

Witness Signature ____ Date __________________
(if student is unable to sign)

After completing release of information form, please mail along with all other required forms to Metro ECSU, Attention: Dolly Carr, 2 Pine Tree Drive, Suite 101, Arden Hills, MN 55112. Questions? Email: gmlaunchpad@metroecsu.org Phone: 612-638-1529.

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The GM Launch PAD program is made possible by a grant from Deaf/Hard of Hearing Services, a division of the Minnesota Department of Human Services.