

Parent or Guardian Consent for Access to Student Records & Information

This consent authorizes Columbia Public Schools to release and/or obtain records or information as identified below. The agency/institution/individual listed below must maintain the confidentiality of the records/information.

I understand that this authorization:

- can be stopped at any time by sending a written request to Columbia Public Schools.
- takes effect the day I sign it and is valid for one year.

I further understand:

- That any records or information received by the school district from another agency/institution/individual may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) but will become education records and information protected by the Family Educational Rights and Privacy Act (FERPA). See page 2 of this release for more information about FERPA and HIPAA.
- Provision of this authorization is voluntary.
- A copy of this release form is as valid as an original.

Consent regarding: _____

Student Name

Date of Birth

I give my consent for Columbia Public Schools to:

- ☐ release the specific information identified below **to**:
- ☐ obtain the specific information identified below **from**:

Name of agency/institution/individual: _____

Address: _____

Phone: _____ Fax: _____

I understand that the education records and information provided by CPS will include the following:

<input type="checkbox"/> Academic Records/Grades and Information <input type="checkbox"/> Assessment results (specify assessments below) <input type="checkbox"/> Attendance <input type="checkbox"/> Demographic information including: <input type="checkbox"/> Race <input type="checkbox"/> Age <input type="checkbox"/> Grade <input type="checkbox"/> Graduation Date <input type="checkbox"/> Discipline	<input type="checkbox"/> Free or Reduced Lunch Eligibility <input type="checkbox"/> Health Records and Information <input type="checkbox"/> Individual Education Plan or 504 Plan <input type="checkbox"/> Medical Records and Information <input type="checkbox"/> Psychiatric Reports <input type="checkbox"/> Psychological Reports <input type="checkbox"/> Special Education Reports <input type="checkbox"/> Student ID <input type="checkbox"/> Social, Emotional, and Behavioral Health <input type="checkbox"/> Other (specify below)
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Specify assessments and/or other data to be provided:

Specify the purpose of the information being released:

☐ **I do not** consent to release my student's information.

By signing this consent agreement, I agree that I have read and understood the above and consent to all of the above statements.

Parent/Guardian Name (print)

Parent/Guardian Email Address

Parent/Guardian Signature

Date

Parent/Guardian Phone Number

School Official Name & Title

Phone

Fax

Family Educational Rights and Privacy Act (FERPA)

34 CFR Part 99

§ 99.30 Under what conditions is prior consent required to disclose information?

- (a) The parent or eligible student shall provide a signed and dated written consent before an educational agency or institution discloses personally identifiable information from the student's education records, except as provided in § 99.31.
- (b) The written consent must:
- (1) Specify the records that may be disclosed;
 - (2) State the purpose of the disclosure; and
 - (3) Identify the party or class of parties to whom the disclosure may be made.
- (c) When a disclosure is made under paragraph (a) of this section
- (1) If a parent or eligible student so requests, the educational agency or institution shall provide him or her with a copy of the records disclosed; and
 - (2) If the parent of a student who is not an eligible student so requests, the agency or institution shall provide the student with a copy of the records disclosed.

Health Insurance Portability and Accountability Act (HIPAA)

45 CFR Part 164

§164.508 Uses and disclosures for which an authorization is required. (c)

Implementation specifications: Core elements and requirements--

- (1)) Core elements. A valid authorization under this section must contain at least the following elements:
- (i) A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
 - (ii) The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
 - (iii) The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.
 - (iv) A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.
 - (v) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.
 - (vi) Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.
- (2)) Required statements. In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following:
- (i) The individual's right to revoke the authorization in writing, and either:
 - (A) The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or
 - (B) To the extent that the information in paragraph (c)(2)(i)(A) of this section is included in the notice required by Sec. 164.520, a reference to the covered entity's notice.
 - (ii) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:
 - (A) The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in paragraph (b)(4) of this section applies; or
 - (B) The consequences to the individual of a refusal to sign the authorization when, in accordance with paragraph (b)(4) of this section, the covered entity can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization.
 - (iii) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer be protected by this subpart.
- (3) Plain language requirement. The authorization must be written in plain language.
- (4)) Copy to the individual. If a covered entity seeks an authorization from an individual for a use or disclosure of protected health information, the covered entity must provide the individual with a copy of the signed authorization.