AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

STUDENT INFORMATION

STUDENT NAME:	**DATE OF BIRTH (MM/DD/YYYY):**	**PHONE**:
ADDRESS:	**CITY:**	**ZIP:**

PARENT/ GUARDIAN/ LEGAL REPRESENTATIVE/ STUDENT (over 18, own guardian): Your signature on this *Authorization for Exchange of Confidential Information* will give the individual, program, organization or entity listed permission to disclose and/ or exchange the confidential information indicated below.

I authorize Dubuque Community School District to exchange confidential information with:

Dubuque Dream Center

Address: 1600 White Street	**City:** Dubuque, IA	**Zip:** 52001

The purpose for the exchange of information is: To share pertinent information between Dubuque Community School District and DREAM Center in an effort to coordinate learning opportunities. This release also gives permission for Dream Center staff to visit my child at school.

Your signature will give your permission for the following specific information to be exchanged:

____Education Records ____Attendance _____Behavior

Your signature will give your permission for the exchange of information by the methods indicated:

______ Yes ______ No The *exchange of written records* containing the information described in this release by the agencies or individuals specified

______ Yes ______ No The *verbal exchange* of the information described in this release by the agencies or individuals specified

>> PLEASE COMPLETE BOTH SIDES

Before giving your permission for exchange of confidential information, please carefully review the following:

This authorization is good until the following date ___/ ___/ ____; or until one year after the date of signing, whichever occurs first. I understand that I may refuse to sign this authorization or revoke this authorization at any time. I understand that my revocation or refusal to sign this authorization will not affect my ability to obtain services. I also understand that if I revoke, the revocation will take effect on the day it is received in writing. All members of the Dubuque Community School District and the DREAM Center staff that are identified as having a legitimate educational interest may review the information received. The information may also be used in the future, including if the student moves, for the purpose of educational decision making.

Health Insurance Portability and Accountability Act (HIPAA)/ Family Educational Rights and Privacy Act (FERPA) Notice.

Any and all personally identifiable student information is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prohibits disclosure of personally identifiable information without parent consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to a student's records, and contains complaint and appeal procedures which apply to disputes over records, including records in possession of special education or its providers, among other provisions.

I further understand that, **except** in the case of substance abuse, mental health or AIDS-related information, if the individual, program, organization or entity that receives the information requested is not covered by the federal privacy regulations or is not a business associate of these entities, the information described above may be re-disclosed and will no longer be protected by the regulations.

Iowa and/or Federal law provides that I have a right to prohibit re-disclosed of confidential medical information and further disclosure may not be had without my express written authorization.

I SPECIFICALLY AUTHORIZE AND CONSENT TO THE DISCLOSURE AND REDISCLOSURE DESCRIBED ABOVE.

______________________________ ____________ ______________________

SIGNATURE DATE RELATIONSHIP TO STUDENT

____

PRINTED NAME

NOTE: A PHOTOCOPY OR EXACT REPRODUCTION OF THIS SIGNED AUTHORIZATION SHALL HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL.