

RELEASE TO DISCLOSE CONFIDENTIAL INFORMATION

Student's Name

Student's Date of Birth

I authorize Le Monde French Immersion Public Charter School (Le Monde) to:

exchange information with receive information from provide information to

Name

Phone

Address

email

Fax

by mail by email by phone by fax

for use by C. David Maxey, M.A., Director of Student Support, Psychologist Associate Resident (Daniel J. Munoz, Ph.D., Psychologist Supervisor) for the purpose of:

coordination of care care planning evaluation

other: _____ specify

YOU MUST BE SPECIFIC regarding the information you are requesting:

telephone consultation treatment summary email contact
 psychological report educational report developmental pediatric report

other: _____ specify

This authorization will expire on July 1st of the year after signing this document. You have the right to revoke this Authorization at any time in writing to the Director of Student Support. Identify the date you signed the Authorization, the recipient of the information identified, and state that you are revoking the Authorization. We cannot take back uses or reverse disclosures already made with your permission.

I have reviewed and I understand this Authorization. By signing this, I understand that I am directing you to disclose information to/receive information from a person or organization that may not have or obey the same obligations to protect privacy under state and federal law. The disclosure of the information specified above carries with it the potential of an unauthorized re-disclosure and loss of protection under state and federal law.

Communication by electronic means, i.e. fax or email, is not secure and presents a significant risk to confidentiality. By requesting exchange of information or communication by email or by fax I acknowledge that I am aware of these significant additional risks to confidentiality and agree to assume these risks and know that confidentiality, review, re-disclosure, dissemination, distribution or copying of this information cannot be guaranteed.

Signature of Student (ages 14 years and older)

Date

Signature of Parent or Guardian

Date

Please sign and return this form to Le Monde, 2044 E Burnside St, Portland, OR 97214