



Warren County Schools
PO Box 110
Warrenton, North Carolina 27589
(252) 257-3184

CONSENT FOR THE EXCHANGE OF CONFIDENTIAL INFORMATION
45 C.F.R PARTS 160:164; 42 C.F.R. PART 2; G.S. 122C 52-56

Student's Name: _____ Date of Birth: _____
School: _____ Grade: _____

I hereby authorize _____ to exchange specified protected information in my (or the individual in my legal custody) record with Warren County Schools.

I understand that this information shall include:

- Medical Information
- Psychological Reports
- Educational Evaluation Reports
- Observations by School and Agency Personnel
- Speech/Language Information
- Individual Education Plan
- Other: _____

I understand that this information may be used for:

I understand information regarding substance abuse diagnosis and/or treatment may be included if applicable and if I consent. I understand that information regarding HIV infections, AIDS, or AIDS related conditions shall only be released when authorization is required for the release of this information in accordance with GS 130 A-143. In accordance with the doctrine of informed consent, I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. Once information is disclosed pursuant to this signed authorizations, I understand that the federal health privacy law (42 C.F.R Part 164) protecting health information by state law (G.S. 122C) or substance abuse related information protected by federal law (42 C.F.R. Part 2), we must inform the recipient of the information and that re-disclosure is prohibited except as permitted or required by these two laws. I hereby acknowledge that this consent is truly voluntary and is valid until _____ (not to exceed one year). I understand that I can at any time revoke this consent and that I must do so in writing. Also that if the consent is revoked, it does not apply to an action that took place before the revocation letter was received.

Signature of Parent/Guardian or Student (18 years and older)

Date of Signature:

Please send information to the attention of _____ at:

Warren County Schools
P.O. Box 110
Warrenton, NC 27589

Or

