



373 Park Avenue Glencoe, IL 60022
847-835-7500
www.northshorelearningclinic.com

RELEASE OF INFORMATION

To: _____

RE: _____
ADDRESS: _____

BIRTH DATE: _____ / _____ / _____

RELEASE OF SCHOOL RECORDS

Our signature(s) below grant(s) permission to North Shore Learning Clinic, and the agency or professional to whom this form is addressed above, to freely exchange personally identifiable oral and/or written school information regarding the above-named student. This information is intended for use in educational decisionmaking. The undersigned acknowledges refusal to sign will result in the information not being released. The undersigned intends that a photocopy, facsimile or digital copy of this form will carry the same legal force and effect as the original. The undersigned further acknowledges that he/she has the right to revoke this consent in writing at any time, and to inspect, copy or challenge the contents of the records being requested prior to release. Knowing this, the undersigned intends to authorize the release of the designated records pursuant to 105 ILCS 10/6(a)(8) of the Illinois School Student Records Act. This consent covers the full contents of the temporary and permanent files as these are defined in the Illinois School Student Records Act (excerpted on reverse), and data reported by the above-named student's school district to the Illinois State Board of Education's data systems, including the IWAS/SIS system. Redislosures of third party files are not allowed unless specifically authorized.

This Release expires on _____.

RELEASE OF MEDICAL/MENTAL HEALTH RECORDS

Our signature(s) below grant(s) permission to North Shore Learning Clinic, and the agency or professional to whom this form is addressed above, to use, release, and freely exchange mental health and Protected Health Information ("PHI") and records generated during the course of treatment, on or about the following date(s) of service, _____ or current, with regard to the above-captioned recipient of medical/mental health services. The purpose of the use or disclosure is for: Treatment Planning **Request of Parent/Legal Guardian** Court Proceedings Other _____.

I hereby authorize and request the release, disclosure, and use of the information is specifically limited to the items checked below. I understand that this authorization extends to all of the records/information designated below which may include treatment for physical and mental illness, alcohol/drug abuse, sexually transmitted disease, HIV/AIDS test results or diagnoses. Unless revoked sooner, **this authorization will expire on** _____.

Information to be used/released:

- Discharge Summary
- History and Physical Examination
- Psychiatric Evaluation
- Education – Clinical Progress
- Therapist/Social Services Progress Notes
- Verbal Communication – No Restrictions
- Other: _____
- Psychological Testing
- Medication Records
- Physician Orders/Progress Notes
- Education – IEP/School Assessments/Assignments
- Treatment Plans
- Verbal Communication – Restrictions: _____
- All information, no restrictions**

I/we hereby release North Shore Learning Clinic from all legal responsibilities or liability that may arise from the use or disclosure of mental health or other PHI and other health information in reliance on this authorization. **Additional recitals on reverse side.**

_____ DATE	_____ STUDENT/RECIPIENT SIGNATURE - AGE 12 OR OVER (FOR MENTAL HEALTH RECORDS RELEASE ONLY)	
_____ DATE	_____ WITNESS TO STUDENT/RECIPIENT SIGNATURE	_____ PRINTED NAME
_____ DATE	_____ PARENT/GUARDIAN/AUTHORIZED AGENT	_____ PRINTED NAME
_____ DATE	_____ WITNESS TO PARENT/GUARDIAN/AUTHORIZED AGENT SIGNATURE	_____ PRINTED NAME

ALCOHOL/SUBSTANCE ABUSE RECORDS DISCLOSURE

If any requested records contain information regarding alcohol or drug abuse treatment, these records are protected by Federal confidentiality rules. These rules prohibit further disclosure of this information unless further use or disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by Federal rules. A general authorization for the use or release of medical or other information is insufficient for this purpose. Federal rules restrict use of the information for criminal investigation or prosecution of any alcohol or drug abuse patient. See 42 CFR Part 2 et seq.

SCHOOL STUDENT RECORDS ACT EXCERPTS

- I. DEFINITIONS: "Student Permanent Record" means the minimum personal information necessary to a school in the education of the student and contained in a school student record. Such information may include the student's name, birth date, address, grades and grade level, parents' names and addresses, attendance records, and such other entries as the State Board may require or authorize. 105 ILCS 10/2(e). "Student Temporary Record" means all information contained in a school student record but not contained in the student permanent record. Such information may include family background information, intelligence test scores, aptitude test scores, psychological and personality test results, teacher evaluations, and other information of clear relevance to the education of the student, all subject to regulations of the State Board. The information shall include information provided under Section 8.6 of the Abused and Neglected Child Reporting Act. In addition, the student temporary record shall include information regarding serious disciplinary infractions that resulted in expulsion, suspension, or the imposition of punishment or sanction. For purposes of this provision, serious disciplinary infractions means: infractions involving drugs, weapons, or bodily harm to another. 105 ILCS 10/2(f). "Parent" means a person who is the natural parent of the student or other person who has the primary responsibility for the care and upbringing of the student. All rights and privileges accorded to a parent under this Act shall become exclusively those of the student upon his 18th birthday, graduation from secondary school, marriage or entry into military service, whichever occurs first. Such rights and privileges may also be exercised by the student at any time with respect to the student's permanent school record. 105 ILCS 10/2(g) (Emphasis added.)
II. RIGHT TO ACCESS RECORDS: A parent or any person specifically designated as a representative by a parent shall have the right to inspect and copy all school student permanent and temporary records of that parent's child. A student shall have the right to inspect and copy his or her school student permanent record. No person who is prohibited by an order of protection from inspecting or obtaining school records of a student pursuant to the Illinois Domestic Violence Act of 1986, as now or hereafter amended, shall have any right of access to, or inspection of, the school records of that student. If a school's principal or person with like responsibilities or his designee has knowledge of such order of protection, the school shall prohibit access or inspection of the student's school records by such person. 105 ILCS 10/5(a)
III. WRITTEN CONSENTS TO RELEASE FILES: To any person, with the prior specific dated written consent of the parent designating the person to whom the records may be released, provided that at the time any such consent is requested or obtained, the parent shall be advised in writing that he has the right to inspect and copy such records in accordance with Section 5, to challenge their contents in accordance with Section 7 and to limit any such consent to designated records or designated portions of the information contained therein. 105 ILCS 10/6(a) (8) (Emphasis added.) To juvenile authorities when necessary for the discharge of their official duties who request information prior to adjudication of the student and who certify in writing that the information will not be disclosed to any other party except as provided under law or order of court. For purposes of this Section "juvenile authorities" means: (i) a judge of the circuit court and members of the staff of the court designated by the judge; (ii) parties to the proceedings under the Juvenile Court Act of 1987 and their attorneys; (iii) probation officers and court appointed advocates for the juvenile authorized by the judge hearing the case; (iv) any individual, public or private agency having custody of the child pursuant to court order; (v) any individual, public or private agency providing education, medical or mental health service to the child when the requested information is needed to determine the appropriate service or treatment for the minor; (vi) any potential placement provider when such release is authorized by the court for the limited purpose of determining the appropriateness of the potential placement; (vii) law enforcement officers and prosecutors...105 ILCS(10)(6)(a)(6.5)

MEDICAL/MENTAL HEALTH RECORDS RELEASE – MANDATED RECITALS

Redisclosure: I/we understand that information used or disclosed in accordance with this authorization may no longer be protected by federal law, and could be used or redisclosed by the receiving party, pursuant to any agreement I may have with such party.

Refusal to sign: I/we understand that I/we may refuse to sign this authorization and that the records would not be disclosed.

Certification: The above signature affirms that I am (check whichever applies):

- [] The student/recipient, and the identification that I have provided is true and correct.
[] The student/recipient's authorized representative, and that the identification and proof of authority that I/we have provided are true and correct. My relationship to the student/recipient is that of: [] Parent [] Guardian [] Other _____

Revocation: I/we have the right to stop the use or release of this information at any time if I do so in writing, although I/we understand that I/we cannot do anything about information already used or disclosed pursuant to this authorization.

Copy Received: I/we understand that I/we will receive a copy of this completed form.

Inspect and Copy: I/we understand that I/we have the right to inspect and copy the information to be disclosed.

Challenge: I/we understand that I/we have the right to challenge the accuracy of any information contained in the subject file.

Effect of Copies: I/we intend that fax, copies or electronic versions of this document shall carry the same force and effect as the original.

Initials: Student/Recipient (if app): _____ Parent: _____ Witness: _____ Date: _____