

RELEASE & EXCHANGE OF INFORMATION School or Behavioral Situations



Patient Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone: _____

I HEREBY REQUEST AND AUTHORIZE YOU TO FURNISH ALL THE REQUESTED INFORMATION FROM / TO:

INFORMATION FROM: Catalyst Medical Group | Valley Medical Center
2315 8th Street, Lewiston, Idaho 83501 • Fax: 1.833.941.3874

INFORMATION TO: Special Services Programs & Personnel
(Including, but not limited to: Teachers, Principals, Psychologists, Counselors, Therapists)

School / Institution: _____

Mailing Address: _____

City, State Zip: _____

I REQUEST THE FOLLOWING INFORMATION TO BE RELEASED:

- Mutual Exchange of Information; Behavioral Health; Behaviors and Testing; Progress Notes

THE TIME PERIOD THIS RELEASE IS VALID FOR IS:

- One Calendar School Year - From July 1 _____ to June 30 _____

PLEASE SELECT THE SCHOOL DISTRICT YOU / YOUR CHILD ATTENDS:

- Lewiston School District
 Clarkston School District
 Asotin/Anatone School District
 _____ School District

PLEASE READ CAREFULLY:

By signing this form, I certify that I understand that my records may contain information regarding the diagnosis or treatment of HIV (AIDS Virus), other sexually transmitted diseases, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I give my specific authorization for these records to be released.

I understand that the Catalyst Medical Group cannot limit or control the subsequent use or dissemination of medical information by the party to whom I request the information be furnished. This request is a free and voluntary act by me. I hereby release Catalyst Medical Group and its staff and providers from all legal responsibility that may arise from the release of medical information hereby authorized. **I understand this release can be revoked at any time by providing a written notice requesting such action.**

☒ **Parent/Guardian Signature:** _____

Date: _____

☒ **Patient Signature:** _____

Date: _____

(Required if patient is 18 years of age or older)