Dr. Elizabeth Peterson
Dr. Jay Miesfeld
Dr. Jessie Miesfeld
Laura Lerwick, CPNP
Kaitlyn Pufahl, CPNP
Brittany VandenHeuvel, CPNP
109 Warren St, Suite 4
Beaver Dam, WI 53916
(920) 885-3305
Fax: (920) 885-5506

HIPPA COMPLIANT AUTHORIZATION FOR EXCHANGE OF HEALTH AND EDUCATION INFORMATION

This form authorizes the two agencies listed below to exchange information from the records of:

Name:_____ **DOB**:_____

Agency 1		**Agency 2**
Community Pediatrics		_____
109 Warren St, Suite 4	and	_____
Beaver Dam, WI 53916		_____

PURPOSE OF THIS DISCLOSURE:

- ☐ Education Evaluation & Program Planning
- ☐ Medical Evaluation and Treatment
- ☐ Health Assessment & Planning for Health Care Services and Treatment in School
- ☐ Other_____

INFORMATION TO BE RELEASED MAY INCLUDE:

- ☐ Psychological Evaluation
- ☐ Social History
- ☐ Psychiatric Evaluation
- ☐ School Behavioral & Progress Record
- ☐ Education Evaluation
- ☐ Special Education Record
- ☐ Treatment Recommendation
- ☐ Alcohol or Drug Abuse Information
- ☐ Patient Health Care Records

AUTHORIZATION

This authorization is valid for one calendar year of the date of my signature below. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize the health records, once received by the school district, may not be protected by the HIPAA Privacy Act and may become educational records protected by the Family Education Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statues 118.25(2m)(a)(b) and 146.82-146.83. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care. Information beyond date of signature may be released. Faxes/copies of this release are acceptable as original.

_____ _____

Parent Signature **Date**