Northwest School of Innovative Learning
Release of Information

Student's Name: _____ DOB: _____ / _____ / _____

By the signature(s) below, I hereby authorize Northwest School of Innovative Learning to release information and/or medical records obtained during the course of education and treatment. I understand that this authorization extends to all or any part of the records/information designated below, which may include treatment for physical and psychiatric illness, alcohol/drug abuse, HIV/AIDS test results and sexually transmitted diseases. This release does include verbal exchange of information. Disclosure is necessary for the purpose of facilitating treatment and continuing care and that purpose only, unless otherwise specified as follows:

The information to be released includes (please circle records to be disclosed pursuant to this authorization):

Release To/From	Release To/From
School District Name:	**Fairfax Hospital**
ADDRESS:	10200 NE 132nd St
CITY: STATE: ZIP:	Kirkland, WA 98034
PHONE: EMAIL:	425-821-2000
Release (cross out anything you do NOT want shared): Academic Testing/Assessments Records, Special Education Records, Psychological Evaluations, Immunization Records, Vision/Hearing Evaluation, Social/Emotional Evaluation, Speech/Language Evaluation, Occupational/Physical Therapy Evaluations, Medical History/Present Health Status Other:	**Release (cross out anything you do NOT want shared):** Admission History, Discharge Summary, Physical Examination, Laboratory Reports, Consultation Reports, Nursing Admission Assessment, Behavioral Health Assessment, Behavioral Progress, Treatment Plans, Progress Notes, Physician Progress Notes, X-ray Report, EKG/EEG, Medication Records, Psychological Testing Other:
Medication Prescriber Name:	**Primary Care Provider Name:**
AGENCY:	AGENCY:
ADDRESS:	ADDRESS:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
PHONE: EMAIL:	PHONE: EMAIL:
Release (cross out anything you do NOT want shared): Admission History, Discharge Summary, Behavioral Progress, Testing Other:	**Release (cross out anything you do NOT want shared):** Admission History, Discharge Summary, Behavioral Progress, Testing Other:
Probation/Parole Officer Name:	**DSHS/DCFS Contact Name:**
ADDRESS:	ADDRESS:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
PHONE: EMAIL:	PHONE: EMAIL:
Release (cross out anything you do NOT want shared): Admission History, Discharge Summary, Behavioral Progress, Testing Other:	**Release (cross out anything you do NOT want shared):** Admission History, Discharge Summary, Behavioral Progress, Testing, Immunization records, Guardianship Papers Other:
Therapist Name:	**Other:**
AGENCY:	AGENCY:
ADDRESS:	ADDRESS:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
PHONE: EMAIL:	PHONE: EMAIL:
Release (cross out anything you do NOT want shared): Court Orders, Admission History, Discharge Summary, Behavioral Progress, Testing Other:	**Release (cross out anything you do NOT want shared):** Admission History, Discharge Summary, Behavioral Progress, Testing Other:

The dates covered by this authorization are from enrollment to exit and claims resolution. In any event I may revoke this authorization at any time except to the extent that action has been taken uin reliance thereon. I hereby release Northwest School of Innovative Learning from all legal responsibilities or liability that may arise from disclosure of records in reliance on this authorization. *If student is a minor, both the student and a parent or legal guardian must sign this authorization.*

Sudent's Signature: _____ Date: _____ / _____ / _____
Legal Guardian's Signature: _____ Print Name: _____ Date: _____ / _____ / _____
Please Select: ☐ Parent ☐ Legal Guardian ☐ DCFS Caseworker
Witness Signature: _____ Print Name: _____ Date: _____ / _____ / _____

REVOCATION: I have the right to stop this release of information at any time. Although I cannot do anything about information already disclosed under this authorization, I do not want any more information disclosed and I am revoking my authorization. I will sign below ONLY in the event that I wish to REVOKE my consent.
Signature: _____ Print Name: _____ Date: _____ / _____ / _____

Distribution: ORIGINAL: Chart COPY: Student/Legal Guardian