



# Peabody Public Schools

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*Dr. Josh Vadala*  
*Superintendent of Schools*

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*Director of Special Education*

## PERMISSION TO RELEASE HEALTH & EDUCATION INFORMATION (HIPAA-COMPLIANT)

**Student Information:** Patient/Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I \_\_\_\_\_ hereby authorize Peabody Public  
(Parent/Guardian)  
Schools, to:

**exchange / obtain / disclose** information regarding the above named student's medical, educational, legal,  
and/or mental health records verbally or in writing with the following person/agency:

Person/Agency \_\_\_\_\_

Street Address \_\_\_\_\_

Phone and/or Fax Number \_\_\_\_\_

The purpose of this release is to facilitate coordination of services with other treatment providers for the  
purposes of educational evaluation and program planning; health assessment and planning for health care  
services and treatment in school; medical evaluation and treatment; and/or other (please specify):

\_\_\_\_\_.

I understand that this information may be shared with other Peabody Public Schools personnel. I also  
understand that I may revoke this authorization at any time, except for action already taken, by submitting  
written notice of the withdrawal of my consent.

I recognize that health records once received by the Peabody Public Schools may not be protected by the  
HIPAA Privacy Rule, but will become education records protected by the Family Education Rights and  
Privacy Act (FERPA). I also understand that if I refuse to sign, such refusal will not interfere with my child's  
ability to obtain health care.

\_\_\_\_\_  
Parent Signature\* Date: \_\_\_\_\_

\_\_\_\_\_  
Student Signature\* Date: \_\_\_\_\_

\*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form.

Copies: Parent or  
student\*

Person or agency as indicated on this form releasing the protected  
information School official requesting/receiving the protected health  
information

**\*\*\*This authorization is valid for one calendar  
year.\*\*\***

*Revised  
11/2019*