



**AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION
AND PERSONALLY IDENTIFIABLE INFORMATION IN EDUCATION RECORDS**

Release of Protected Health Information to School: At my request, I authorize the Greater Dayton School to receive protected health information (“PHI”) about my child from each of its wellness partners, including, but not limited to the following providers:

Dayton Children’s Hospital

Onesight Vision

Primary Health Solutions

Purpose: We request this disclosure so that the Greater Dayton School may make real-time modifications to your child’s education plan based on PHI because the mind and body are interconnected. Additionally, the Greater Dayton School may track, review and study the short- and long-term effects, both educational and non-educational, of providing wraparound health and wellness services for students enrolled at the school.

Type of Information Disclosed: The specific type of PHI to be disclosed shall be interpreted broadly to include all scheduled appointments, examination records, recommendations, treatment records and diagnoses. I understand that the information disclosed to the Greater Dayton School will be limited in scope to only those records necessary to track vital statistics, treatments and appointments, as well as to review and study the effects of providing wraparound health and wellness services for students enrolled at the school.

Continuing Release of PHI: I understand that this release is continuing until the date of graduation, discharge or withdrawal of my child from the Greater Dayton School, or upon my revocation of my authorization, whichever is sooner. I understand that I may revoke my authorization at any time, and to do so, I need only provide written notice of my revocation to each of the wellness partners listed above.

Release of Personally Identifiable Information in Education Records to Wellness Partners: I further authorize the Greater Dayton School to disclose personally identifiable information (“PII”) contained in education records to each of the wellness partners listed above, specifically including my child’s name, parents’ name(s), address, telephone, and email, as well as the child’s age, grade level, course grades and attendance records.

Continuing Release of PII: I understand that this release of PII in education records is continuing until the date of graduation, discharge or withdrawal of my child from the Greater Dayton School, or upon my revocation of consent, whichever is sooner. I understand that I may revoke my consent for the release of PII in education records at any time, and to do so, I need only provide written notice of my revocation to the Principal of the Greater Dayton School.

Authorized Individual: I am authorized to provide consent on behalf of my minor child, who is under the age of 18.

Child’s Name (Print) Relationship to Child

Name (Print)

Signature Date: _____

Child’s Signature (Only if age 18 or older) Date: _____