



**GETTYSBURG
MONTESSORI**
CHARTER SCHOOL

Inspiring a Love of Learning

Authorization to Release or Obtain Information

I, _____ (parent/guardian), so hereby authorize

_____ (agency or service)

to release to and/or obtain from (circle one or both) **Gettysburg Montessori Charter School**

the record of _____ (student), born _____.

The specific and relevant type of information I wish to have released:

- | | |
|---|---|
| <input type="checkbox"/> Administration and Discharge Summaries | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Goals/Treatment Plan | <input type="checkbox"/> Impressions/Recommendations |
| <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Medications/Medical Data |
| <input type="checkbox"/> Summary Treatment | <input type="checkbox"/> Individualized Education Plans |
| <input type="checkbox"/> Educational Evaluations | <input type="checkbox"/> Other: _____ |

The purpose for obtaining these records is:

- | | |
|---|--|
| <input type="checkbox"/> Coordinating treatment services | <input type="checkbox"/> Satisfying legal requirements |
| <input type="checkbox"/> Determining benefits eligibility | <input type="checkbox"/> Coordinating Educational Services |
| <input type="checkbox"/> Other: _____ | |

I understand that this release is valid from _____ to _____ (one year maximum). This authorization is subject to my written or verbal (in person) revocation at any time, except to the extent that the program, which is to make the disclosure, has already taken action in reliance on it. I have been informed of the type of information being released, the benefits and disadvantages (if any), and I understand that treatment services are not contingent upon my decision concerning the signing of this release. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations. I have read all the above and understand the nature of this release. I understand that I may see a copy of the information asked for in this form.

Initial one: I have accepted a copy of this form: _____ I have rejected a copy of this form: _____

Signature of Client/Guardian Date

Signature of Witness Date

Contact Information:
Faye Janine Pleso, MEd, PhD
CEO/Principal
fayepleso@gettysburgmontessoricharter.org

This information has been disclosed to you from records whose confidentiality is protected by Federal and State Law. Pennsylvania State Regulations prohibit you from making any further disclosure of this information without the prior written consent of the person in respect to it pertains.