

**K.E.Y.S. Academy**

Knowledge Empowers Youth & Sobriety

**Recovery High School**

**CONSENT TO OBTAIN/RELEASE INFORMATION**

**Home School District**

I, \_\_\_\_\_ (student's name), authorize K.E.Y.S. Academy to release and/or receive the following information from my records:

Alcohol and Drug Screening Results

Program Participation

Assessment Results

Follow-up Information

Treatment Information

Billing/Finance Info

**Academics/Transcript/IEP**

Other \_\_\_\_\_

**The purpose of the disclosure is to allow K.E.Y.S. Academy to collaborate and share information with other important treatment providers.**

Name of School Counselor:

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I authorize the use or disclosure of my individual identifiable health information as described above and that this authorization is voluntary. I understand that I May revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent expires automatically as at the beginning of the new school year.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date