Greater Minnesota Psychological Assessments for Deaf, Hard of Hearing and Deafblind Students: Release of Information Form 2024-2025

Student Name:_____ Gender: ___ Male ___ Female DOB _____
Student Address (street, city, state, zip): _____
Parent/guardian/legal representative: _____
Email:_____ Phone: _____
Address (if different from student's): _____
School district: _____ School name: _____

Parent/guardian/legal representative (Primary Signer)

I, _____ (parent/guardian/legal representative and "Primary Signer"), authorize BrightWorks and the GM Launch PAD ("the Program"); including Dr. McDevitt, staff, and subcontractors of the Program at Brightworks, 2 Pine Tree Drive, Suite 101, Arden Hills, MN, 55112. Phone: (612) 638-1531, Email: gmlaunchpad@brightworksmn.org
Obtain from (name & address of sender): _____
Release to (name & address of recipient): _____

Student Information

The following information and documents concerning the Student listed above:

- ☐ Academic information including grades and attendance
- ☐ Academic testing results
- ☐ Behavior programs
- ☐ Entire record, except progress notes
- ☐ Information from educational file
- ☐ Intelligence testing results
- ☐ Interviews with school staff
- ☐ Medical reports
- ☐ Personality profiles
- ☐ Progress reports
- ☐ Psychological reports
- ☐ Psychological testing results
- ☐ Psychotherapy notes
- ☐ Service plans
- ☐ Special education forms
- ☐ Special education/regular education evaluation reports
- ☐ Summary reports
- ☐ Vocational testing results
- ☐ Other (specify): _____

Primary Signer's initial: _____

The above Psychological assessment information will be used for the following purposes:

- ☐ Psychological assessment
- ☐ Determining eligibility for Special Education Services
- ☐ Determining appropriate Special Education Category
- ☐ Providing consultation to the student's school

☐ Providing consultation to the student & student's family
☐ Determining eligibility for benefits or program
☐ Case review—updating files
☐ Developing an appropriate education plan
☐ Other (specify): _____

☐ I understand that this information may be protected by the Health Insurance Portability and Accountability Act ("HIPAA") and applicable state laws. I understand that information disclosed pursuant to this authorization may be redisclosed by the recipient and no longer protected by state or federal law if the recipient is not a healthcare provider or other entity that is covered by state or federal rules.

☐ I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my signing this authorization. I further understand that I may revoke this consent at any time by providing written notice to the Program at the address listed above, except that such revocation will not be effective to the extent that action has already been taken based on this authorization. This authorization will expire one year after the date I sign it unless earlier revoked. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have the right to receive a copy of this authorization. I understand that I have the right to refuse to sign this authorization.

Signer's relationship to the student (choose one):

☐ Self ☐ Parent/legal guardian ☐ Legal representative ☐ Other (specify): _____

If you are a legal guardian or representative appointed by the court for the student, please attach a copy of the court order or appointment to receive this protected health information.

Student Signature: _____ Date: _____

Parent/guardian/legal representative signature (Primary Signer): _____
Date: _____

Witness Signature (if student is unable to sign): _____
Date: _____

After completing release of information form:
Please mail along with all other required forms to:
BrightWorks, Attention: Deanna Rothbauer, 2 Pine Tree Drive, Suite 101, Arden Hills, MN 55112 Questions? Email: gmlaunchpad@brightworksmn.org, Phone: (612) 638-1531

The GM Launch PAD program is made possible by a grant from Deaf/Hard of Hearing Services, a division of the Minnesota Department of Human Services.