

NOTE: This form has to be filled out, signed and turned in to SWWC Service Cooperative (or to the audiologist at the appointment time) BEFORE the named child can be tested by the audiologist.

AUDIOLOGY CONSENT FORM

Child's Name: _____ DOB: _____ Sex: _____

Parent(s)/Guardian(s): _____ Phone: _____

Address: _____

PERMISSION TO TEST: I give my permission to SWWC to test my child. (select yes or no)

Yes No

RELEASE OF INFORMATION: I give my permission to SWWC to release all information on the service cooperatives' Audiology Reports for the above-named child to the following individuals/entities to monitor whether hearing referral and follow-up services, when necessary, are made available to my child: (select yes or no and note the individuals/entities below)

Yes No

- School District(s) in which my child attends; namely: _____

School Nurse Case Mgr/Coord SLP T D/HH Other

- Medical Facilities and Physicians/Staff working with my child; namely: _____

(ie: Jonestown Clinic, Dr. Jones or John Jones, PA, or medical records, etc)

- Other: _____

I understand this authorization:

- takes effect the day I sign it,
- cannot exceed one year, and expires one year from the date of my signature

- can be stopped any time by sending a written request to:

Audiology Department
SWWC Service Cooperative
1420 East College Drive
Marshall, MN 56258

I further understand:

- I may refuse to authorize the RELEASE OF INFORMATION and it will not affect my child's ability to receive educational services,
- the laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law (Health Insurance Portability and Accountability Act [HIPAA], Family Educational Rights and Privacy Act [FERPA], Minnesota Government Data Practices Act [MGDPA or Chapter 13]),
- a copy of this release form is as valid as an original, and
- I may request a copy of this authorization

Parent/Guardian Signature

Date (mm/dd/yy)

If you have any questions about filling this form out, you can fill it out at the appointment.