



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

AUDIOLOGY CONSENT FORM

Child's Name: Robert L. Smith DOB: 3/2/1943 Sex: M

Parent(s)/Guardian(s): Lisa Phone: (333) 444-5555

Address: 4506 45th WY, Mangonia Park, FL 33407

PERMISSION TO TEST: I give my permission to Southwest/West Central Service Cooperatives to test my child. (select yes or no) Yes No

RELEASE OF INFORMATION: I give my permission to Southwest/West Central Service Cooperatives 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
SW/WC Service Cooperatives
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 will receive a copy of this authorization

Parent/Guardian Signature

Date (mm/dd/yy)