Snoqualmie Valley
Public Schools

8001 Silva Avenue SE*P.O. Box 400, Snoqualmie, WA 98065*Phone 425-831-8000*Fax425-831-8040

CONSENT FOR DISCLOSURES OF MEDICAL RECORDS AND HIV/AIDS OR HBV STATUS OF

_____
(Name of School District Employee)

I, _____, have informed _____
(Name) (Name of school district employee)
of my HIV/AIDS or HBV status.

_____ _____
(Signature) (Date)

I, _____, request/authorize, _____
(Name) (Name of health care provider)

to disclose medical information, including test results or other information relating to my HIV/AIDS or HBV status to _____.
(Name of district employee)

I, _____, also request/authorize _____
(Signature) (Name of school district employee)

to disclose my HIV/AIDS or HBV status to the following school district employees:

Name	Job Title	Name	Job Title

You are prohibited by state law from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or the parent or legal guardian of the Minor Child to whom it pertains, unless otherwise permitted by state law. A general authorization for release of medical or other information is **NOT** sufficient for this purpose.

This consent is subject to revocation at any time except to the extent that the individuals authorized to make the disclosure have already taken action in reliance on it. If not previously revoked, this consent will terminate in 90 days.

_____ _____
Date Signature

_____
Printed Name

NOTICE

CONFIDENTIALITY OF HIV/AIDS OR HBV INFORMATION

You have been authorized on the reverse side of this document, to receive information regarding the HIV/AIDS or HBV status of the named individual or Minor Child. The confidentiality of this information is protected by state law. You are prohibited by state law from making any further disclosure of this information without the specific written consent of the person to whom it pertains or the parent or legal guardian of the Minor Child to whom it pertains, unless otherwise permitted by law. A general authorization for release of medical or other information is **NOT** sufficient for this purpose.

Unauthorized disclosure of the HIV/AIDS or HBV status of the named individual or Minor Child is a gross misdemeanor is one year' the fine can range up to $5,000. In addition, any person aggrieved by an unauthorized disclosure may bring a civil lawsuit for damages in Superior Court.

Signature	Date
Signature	Date
Signature	Date
Signature	Date