

NINE MILE FALLS SCHOOL DISTRICT

Release of Information
Regarding Sexually Transmitted Diseases – Student

I, _____ have been diagnosed as having a sexually
(student's name)
transmitted disease. I have told _____ of this fact and
(student or adult)
have authorized him/her to disclose this information to:

In addition, I authorize _____ to contact _____
(school employee)

_____ to verify that I have been diagnosed as having a
(physician)
sexually transmitted disease.

This release of confidential information is effective from _____ to _____
(date) (date)

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose." (RCW 70.24.017(12))

Signed _____ Dated _____

NOTE: Signature must be by the student or if the student is under fourteen (14) years of age or incompetent, by the student's parent/guardian/custodian.