

**RIVERVIEW SCHOOL DISTRICT NO. 407**

**CONSENT FOR DISCLOSURE OF HIV/AIDS OR HBV STATUS**

I have informed a school district employee of the HIV/AIDS or HBV status of myself or a minor child for whom I am the parent or guardian. or, I hereby authorize and consent for release of medical records disclosing HIV/AIDS or HBV status of NAME: \_\_\_\_\_. In addition to the person to whom I disclosed this information, I request that the following named persons or other individuals serving in that job function, directly related to me or my child, also be provided with this information:

Name	Job Title
_____	_____
_____	_____
_____	_____
_____	_____

I understand that this consent for disclosure is effective until such time as I revoke it in writing or execute a new consent document.

_____	_____
Signature	Date

\_\_\_\_\_  
Relationship to HIV or HBV Positive Person

**STATEMENTS OF RECORDS CONFIDENTIALITY**

You have been provided information regarding the HIV/AIDS or HBV status of a student or employee because it was determined by the parents or guardians of the student or by the employee that you should be given this information. Please note:

This information has been disclosed to you from records whose confidentiality is protected by state law (RCW 70.24.105(2)). 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 consent for exchange of information is not sufficient to include this information.