

RIVERVIEW SCHOOL DISTRICT
Carnation, Washington

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. In addition to the person to whom I disclosed this information, I request that the following named persons or other individual(s) serving in job functions, 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 because it was determined by the parents or guardians of the student 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.