



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**

7227 Land O' Lakes Boulevard  
Land O' Lakes, Florida 34638

MIS Form #401  
Rev. 7/15

**COUNSELING/TOOLS REFERRAL**

\_\_\_\_\_  
Agency/Program Name

Medicaid/Referral Only

School \_\_\_\_\_ Student Number \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Brief explanation of presenting problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization is hereby given to representatives of the above-named agency and the District School Board of Pasco County to communicate and exchange information pertaining to the above-named child.

This authorization shall be terminated one year from the date of signature unless otherwise specified. This consent may be revoked by the client/representative at any time. Revocation has no effect on action previously taken.

These records will be for the professional use of authorized personnel of the District School Board of Pasco County and the above-named provider. Records/information shall not be released except on the condition that they will not subsequently be transferred to a THIRD PARTY without first obtaining the proper consent of the parent or eligible student. Please be advised that parent permission is NO LONGER REQUIRED when records are requested from authorized personnel (Family Rights and Privacy Act of 1974, Public Law 93-380).

Conditions of this exchange of information shall be in compliance with federal regulations, the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and all other applicable federal laws, state statutes, State Board of Education Rules and local School Board policy.

\_\_\_\_\_  
Parent Signature School Social Worker (Signature) Date

\_\_\_\_\_  
District Approval Date School Social Worker (Print Name)

**FOR OFFICE USE ONLY**

\_\_\_\_ Release of Records (MIS Form #791) attached

\_\_\_\_ Counseling brochure provided

SERVICE(S) REQUESTED: CO \_\_\_\_\_ TOOLS \_\_\_\_\_  
MM \_\_\_\_\_  
PE \_\_\_\_\_  
GC \_\_\_\_\_

**DISTRIBUTION:**

White-Referral Agency; Green-OSSPS; Canary-Cumulative Folder; Pink-School Social Worker; Goldenrod-Parent