Renton School District – Renton Student Health Hub
Consent Form/Release of Information (ROI)

1. Please select your school: *

Elementary School *Kindergarten – 5th grade*		Middle School *6th – 8th grade*	High School *9th – 12th grade*	Other School
❑ Benson Hill	❑ Lakeridge	❑ Dimmitt	❑ Hazen	❑ H.O.M.E. Program
❑ Bryn Mawr	❑ Maplewood Heights	❑ McKnight	❑ Lindbergh	❑ Renton Academy
❑ Campbell Hill	❑ Renton Park	❑ Nelsen	❑ Renton	❑ Meadow Crest Early Learning Center
❑ Cascade	❑ Sartori	❑ Risdon	❑ Talley	
❑ Hazelwood	❑ Sierra Heights			
❑ Highlands	❑ Talbot Hill			
❑ Hilltop Heritage	❑ Tiffany Park			
❑ Honey Dew				
❑ Kennydale				

My Consent to Let Renton School District Coordinate Care for Me / My Student Using Renton School District Student Health Hub
Renton School District seeks to provide students with the services they need to succeed. To do this, Renton School District and its health and social services partners, formed the Renton School District Student Health Hub. The Renton School District Student Health Hub is a simple and secure way to connect students to access health and social services in your community. Learn more here.

Before Renton School District can share your / your student's information on the Renton School District Student Health Hub, we need to make sure you understand your / your student's personal information rights and how the Renton School District Student Health Hub will protect and share your / your student's information with Renton School District approved health and social service partners.

Student information rights at Renton School District:
I understand that my student / my student's record is protected by the Family Educational Rights and Privacy Act (FERPA) and my consent to release my student / my student's records on the Renton School District Student Health Hub is voluntary. I can revoke my authorization at any time by writing to Renton School District c/o Student Support Department, but that will not affect information already disclosed.

Your consent to share your student / your student's information on the Renton School District Student Health Hub:
By signing this form, you are giving permission to Renton School District to share your / your student's protected health information on the Renton School District Student Health Hub. Federal laws require that the Renton School District Student Health Hub gets your / your student's permission prior to adding the student's Personal Health Information (PHI) to its information exchange. Once your / your student's information is shared with the Renton School District Student Health Hub, a representative will connect and coordinate your / your student's access services. Once this information is in the Renton School District Student Health Hub, it is protected under the Health Insurance Portability and Accountability Act (HIPAA).

This referral system is a joint effort between the Renton School District, the City of Renton, and community partners. Listing these organizations does not constitute an endorsement, and the District assumes no liability for the services they provide.

SECTION 1: Consent Expiration

I understand that permission will end 12 months from the day I sign it.

SECTION 2: Student Information

Student Legal name *	
First Name	Last Name

Student Date of Birth *
Date

Student Zip Code *
Postal/Zip Code

SECTION 3: Signature

I have read this form or have had it read to me in a language I can understand. I have had my questions from this form answered.

Name of Signer *	
First Name	Last Name

Email *
example@example.com

Relationship to Student *
❑ Self ❑ Parent ❑ Legal Guardian What is legal guardian's relationship to student?_____

Signature *
Sign Here