



**Snohomish School District No. 201
Snohomish, WA 98290**

**Release of Information Regarding HIV/AIDS or
Sexually Transmitted Diseases - Staff**

I, _____ have been diagnosed as having HIV/AIDS or a
(employee)
sexually transmitted disease. I have told _____
(district personnel)
of this fact and have authorized him/her to disclose this information to:

Building Administrator/Site Manager: _____

Superintendent/Designee: _____

District Coordinator of Health Services: _____

Other: _____

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 such records 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 70.24.105(5)

Signed: _____ Dated: _____

Please note that district forms No. 6512F2 and 6512F3 must be signed and returned to Human Services within three (3) days of the date on which it was received.

This Signed Document Will Be Placed In The Employee's Medical Record File