



Cook Inlet Tribal Council
 3600 San Jeronimo Drive
 Anchorage, Alaska 99508
 Main (907) 793-3600
 toll-free (877) 985-5900
 schoolyard@citci.org

CITC Youth Program Application (STEM TC/Schoolyard)

Student Information (please print clearly)

Print Name (First/Last) _____
 Student Phone _____ Student Email _____

We'd like to know more about you:

I currently am Enrolled in School _____ Grade _____
 Enrolled in GED completion program
 Enrolled in High School Completion Program
 Not enrolled

Primary Parent/Guardian Information

I currently receive TANF.

Name _____
 Mailing Address _____
 Email Address _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Secondary Parent/Guardian Information

Name _____
 Mailing Address _____
 Email Address _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Medical Information

Name of Physician _____ Phone _____
 Health or Physical Condition _____
 Medication _____
 Allergies _____

In the event of an emergency, I authorize the at the student be referred to any appropriate health care facility or to:

Parent/Guardian Signature: _____ **Date:** _____

To be considered eligible, your application must be complete and include the following documentation: 1) Certificate of Indian Blood or 2) concurrent enrollment in the CITC TANF program or 3) letter from tribal entity. Please FAX this information to 907-793-3264 or scan/email to schoolyard@citci.org.

Transportation:

- I will personally provide transportation for my student from his/her home to the CITC Transportation Center and back.
- I (the student) am 18 years of age and have my own transportation to and from the CITC Schoolyard Program.
- I (the student) need a bus pass to and from the CITC Transportation Center.
- (Required)** CITC personnel are authorized to transport my student on field trips in CITC vehicles.
- (School year only)** I (Guardian/Parent) hereby authorize the student to be transported in CITC vehicles to the CITC Transportation Center. This is only applicable to particular schools (TBD) in the Anchorage School District. Pick-up details will be provided. Bad weather conditions may require cancellation of the day's program. Schools will be notified by 12:00pm of any change. Disruptive behavior, physical conflict, illegal drug and other serious infractions on CITC vehicles will not be tolerated.

Only the following are authorized to pick up the student from the CITC Schoolyard Program.

Name	Phone #	Relation to Student
1. _____		
2. _____		
3. _____		

Parent/Guardian Signature: _____

Acknowledgement and Agreement

I understand that the student may be photographed and videotaped for educational, promotional, and archival purposes. I hereby consent to the release of all photos and videos.

I waive any and all claims against CITC, their employees, servants, and agents in connection with the student's participation in the Schoolyard Program.

Parent/Guardian Name: _____ **Phone:** _____
Parent/Guardian Signature: _____ **Date:** _____
Student Signature: _____ **Date:** _____

CITC Youth Programs

Student Behavior Contract

Welcome to the CITC Schoolyard Program.

Please read the following list of expectations and their corresponding rules of conduct carefully before signing the Student Behavior Contract. If there is anything that you do not understand, please discuss it with your instructor or program director prior to signing the contract. We wish you great success as you learn and enjoy your time with us!

I will:

Respect members of the CITC staff, adults, and my fellow students.

- Be polite to everyone and treat others as I would like to be treated.
- Show appreciation for knowledge and expertise of teachers, Elders, and guest presenters by listening attentively.
- Keep my hands to myself, which means I will not engage in public displays of affection.

Respect the CITC Center

- Do my part in keeping the CITC Schoolyard Program area clean and orderly.
- Report any damage immediately so that it can be repaired.

Respect the Schoolyard Program

- Show my commitment to the Schoolyard Program by participating as much as I am able.
- Do my part to minimize distractions by turning off cell phones, pagers, iPods, etc. before entering the Schoolyard.

Respect the Driver and the Van (Only applicable during After-School Program)

- Do my part to keep the van neat and clean by not bringing food or drink into the van.
- Do my part to keep everyone safe by behaving in a courteous and orderly manner.
- Offer to share seating if the van is crowded.

If I cause any danger, damage, or disruption in any manner to the Schoolyard Program's employees, visitors, participants, grounds, facilities, and/or programs, I fully understand that I will be subject to disciplinary actions to and including expulsion from the Schoolyard Program and may be prohibited from returning to CITC's property.

Parent/Guardian and Student, please read and sign:

We have read, fully understand, and agree to follow all of the Schoolyard's expectations listed on this form while participating in the Schoolyard Program. We understand that CITC is partnered with the Anchorage School District.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Computer Usage and Internet Agreement

- A. I will use the technical resources without being disruptive to CITC's operations or in violation of the CITC's policies or any law.
- B. I acknowledge that all information created, sent, distributed, or stored on CITC's technical resources is the property of CITC.
- C. I have no reasonable expectation of privacy in any message, file, image, or data created, sent, distributed or received by using CITC's technical resources including the wireless network.
- D. I understand that with using CITC technical resources, my technology usage may be monitored and acknowledge CITC's right to conduct such monitoring.
- E. I understand that any communications that contain verbal abuse, slander, or defamation or that are offensive or threatening are strictly prohibited. This includes copying, posting, printing, and/or accessing sexually explicit or offensive material. Offensive content would include, but not be limited to: harassing, vulgar, obscene, or sexual comments or images, racial slurs, gender-specific comments, or any comments that would offend someone on the basis of his or her age, ethnicity, gender, religion, national origin, sexual orientation, pregnancy, marital or family status, citizenship or other protected class, disability or veteran status.
- F. I understand I am responsible for maintaining the protection and confidentiality of my passwords, IDs and other system access.
- G. I will not attempt to discover another user's password, or to break into or access a computer system, account or data files other than my own authorized accounts. If I break this rule, it may grounds for immediate expulsion of the Schoolyard Program.
- H. I will not download or install programs, patches, sound files, screen savers, or any other binary files that are executable without prior approval or direction from the Schoolyard Staff.
- I. I will not copy any computer program files.
- J. I will not partake in any activity that is illegal under local, state, federal or international law while utilizing CITC's network. Including:
 - 1. Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the uploading and/or distribution of "pirated" or other software products that are not appropriately licensed for use by CITC.
 - 2. Unauthorized uploading of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, company logos and copyrighted music.
 - 3. Introduction of malicious programs into the system or server (e.g., viruses, worms, Trojan horses, e-mail bombs, etc.).
 - 4. Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data for which the user is not an intended recipient or logging into a server or account that the user is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, pinged floods, packet spoofing, denial of service, and forged routing information for malicious purposes.
- K. I will not sidestep around any user authentication or security of any account.

I understand that if I violate any of these terms, I may have my computer access removed and could be expelled from the Schoolyard Program.

Computer Usage and Internet Policy Acknowledgement

I have read and fully understand my obligations and responsibilities as outlined above.

Student SSN: _____ **Student ID:** _____

IF YOU DO NOT HAVE A SSN OR STUDENT ID, A PASSWORD WILL BE ASSIGNED FOR YOU

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Authorization for Mutual Exchange of Information

I authorize a representative of the Cook Inlet Tribal Council to access Anchorage School District assessment and achievement data for _____ (name of student).

This data may include but is not limited to attendance, standardized test scores, graduation status, and transcript of grades earned up until date of withdrawal/graduation.

I understand this data will be used solely for the purposes of determining the success of the Schoolyard Program. Information will not be shared with any other individuals or agencies without written permission of the parent/guardian.

I hereby consent of the release of the information to the Cook Inlet Tribal Council (CITC).

Parent/Guardian Signature: _____ Date: _____

School: _____

Student ASD Number (if known): _____

Student Zangle Password (if known): _____

Student Grade (circle one): Freshman Sophomore Junior Senior
Expected Student
Date of Birth: _____ Graduation Date: _____

Student Race
(Check All That Apply):

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black, African American or Negro | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Race, Specify: |
| <input type="checkbox"/> Korean | |

Alaska Native Ethnicity
(Check All That Apply):

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Siberian Yup'ik |
| <input type="checkbox"/> Alutiiq | <input type="checkbox"/> Tlingit |
| <input type="checkbox"/> Athabascan | <input type="checkbox"/> Tsimshian |
| <input type="checkbox"/> Eyak | <input type="checkbox"/> Yup'ik / Cup'ik |
| <input type="checkbox"/> Haida | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Inupiat | |

Regional Corporation Affiliation
(Check All That Apply):

<p>Affiliation type:</p> <p>S – Shareholder</p> <p>F – Family Member</p> <p>D – Descendant</p>	<input type="checkbox"/> Ahtna <input type="checkbox"/> Aleut <input type="checkbox"/> ASRC <input type="checkbox"/> Bering Straits <input type="checkbox"/> Bristol Bay <input type="checkbox"/> Calista <input type="checkbox"/> Chugach <input type="checkbox"/> CIRI	<p>Affiliation</p> <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> </table>									<input type="checkbox"/> Doyon <input type="checkbox"/> Koniag <input type="checkbox"/> NANA <input type="checkbox"/> Sealaska <input type="checkbox"/> 13 th Region <input type="checkbox"/> None <input type="checkbox"/> Unknown	<p>Affiliation</p> <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> </table>								

Students **must** show proof of Alaska Native/American Indian heritage by either 1) Certificate of Indian Blood or 2) concurrent enrollment in the CITC TANF program or 3) letter from tribal entity.

Please submit the application and supplemental information to:

FAX: 907-793-3264

EMAIL: schoolyard@citci.org

Anchorage School District
CREDIT BY CHOICE

STUDENT INFORMATION

REVISED 9/10/15 (*Supersedes all prior versions*)

The Credit by Choice Program is designed to give students the opportunity to choose enriching learning experiences tailored to their personal educational needs and to have them recorded on their high school transcript. This program is open to high school students currently enrolled in the Anchorage School District.

An overview of each program option is given below. Details of requirements for each program are attached. While the Curriculum Assistant Principal and Counselors can respond to questions, it is the **RESPONSIBILITY OF THE STUDENT TO WORK INDEPENDENTLY TO COMPLETE THE APPLICATION AND CARRY OUT A PROGRAM ACCORDING TO THE PRESCRIBED GUIDELINES.**

General Guidelines

1. Students proposing a Credit by Choice (CBC) Program must have prior written approval of their parents and the Principal.
2. A certificated staff person must sponsor and/or supervise the student's program. In the case of the waiver, this will be the Principal.
3. ASD is the accrediting institution and sets standards for issuing credit/waivers. ASD is not the sponsoring agency for off-campus programs and is not responsible for the student's personal or financial liability. Program expense is the responsibility of the individual.
4. CBC courses will be titled as such on the student's transcript. Programs 1 (Educational Travel) and 6 (Community Service/Field Study) may only be taken for elective credit/waiver. Specific curriculum area credit will be recorded for Programs 2 (Correspondence Course), 3 (College Course Work), 4 (Early College Admissions Program), and 5 (Credit by Examination). Credit by Examination may not be done for Physical Education credit.
5. Since CBC registration is recorded only upon program completion, CBC is not a course that can be included for calculating eligibility for full-time student status.
6. The grade received will be incorporated into the student's high school grade point average (GPA) and will be counted to determine class rank and valedictorian. When computing valedictorian status, the ratio of weighted advanced placement to regular graded classes is significant.

Anchorage School District
CREDIT BY CHOICE
 APPLICATION

STUDENT NAME _____ ID # _____

PRESENT GRADE LEVEL (*Circle One*) = 9 10 11 12 DATE _____

CONSIDERATION IS REQUESTED FOR: (CHECK ONE)

PROGRAM #1 – EDUCATIONAL TRAVEL
 Travel to _____ Date _____

PROGRAM #2 – CORRESPONDENCE COURSE
 Course Title _____
 Correspondence Program _____
 Under the Supervision of _____

PROGRAM #3 – COLLEGE COURSEWORK
 College _____
 Course Title _____
 Number of Semester Hours _____ (*Course must be level 100 or above*)

PROGRAM #4 – EARLY COLLEGE ADMISSIONS PROGRAM
 Coursework to be taken at _____
 GPA (must be 3.5 or above) _____

PROGRAM #5 – CREDIT BY EXAMINATION
 Course Title _____
 Under the Supervision of _____
 Approximate Exam Date _____

PROGRAM #6 – COMMUNITY SERVICE / FIELD STUDY
 Title _____ Cook Inlet Tribal Council Schoolyard Program
 Under the Supervision of _____

PROGRAM #6 – WAIVER OF PE
 For Fall / Spring Semester of _____ (year)
 For the following activity _____
See Specific Program Requirements and follow attached Required Journal Format

Signature of Physical Education Department Chair _____

OFFICE USE ONLY	Student Signature _____ Parent Signature _____ Counselor Signature _____ APPROVED by Curriculum Principal _____ _____ / _____ / _____
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PHOTO RELEASE

I hereby grant Cook Inlet Tribal Council, Inc (CITC) permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, in a variety of media, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of CITC and will not be returned. I hereby irrevocably authorize CITC to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, where my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge CITC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have related to my likeness or any CITC publication of any type.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

_____ (Signature)
_____ (Date)

(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

_____ (Date)
_____ (Parent/Guardian's Signature)

(Parent/Guardian's Printed Name)

Schoolyard Enhancement Educational Plan

Student Name: _____ Grade: _____

School Name: _____

High School Educational Track: (choose which options interest you)

General courses _____ Honors _____ International Bacclearate (IB) _____

Advancement Placement _____ GED _____

Current Science Course: _____

Current Math Course: _____

After high school plans:

Work force: _____ Occupation: _____ Where: _____

Vocational Training: _____ Career Field: _____ Where: _____

College/University: _____ Field of study: _____ Where: _____

Military: _____ Branch: _____ Enlisted: Y or N (circle one)

What do you want to do for a job after high school? _____

Credit Recovery Plan:

Summer School: _____ APEX classes: _____ Project P: _____ iSchool: _____

Other (Please describe): _____

Courses needed to be recovered:

Schoolyard Enrollment Checklist

Name: _____

Review Date: _____

Anchorage Youth Services Application- Date Scheduled or Completed: ___/___/___ (Documents needed for Intake: CIB, Photo ID, Social Security Card, and Resume) **(New Students go to main building, 3rd floor for appointment)**

Anchorage Youth Services Income Verification Turned In (Work statement from an employer, Paystubs, Unemployment, PFD/Corporation dividends, Tax returns, Social Security, or a benefit printout that states the youth or family receives cash payments under a Federal, State, or local income-based public assistance program) - Date Completed: ___/___/___ **(Supporting documents needed for AYS application)**

Course Registration Completed- Date Completed: ___/___/___ **Bring ASD registration to SY program.**

Live Homework Help registered for free online tutoring- Date Completed: ___/___/___

<http://lhh.tutor.com/?ProgramGUID=5740cad3-446b-4af2-94b3-be3d53860642#>

CITC Photo Release Permission Slip Turned In- Date Completed: ___/___/___

Zangle # : _____ **Password:** _____ Completed and Turned In- Date Completed: ___/___/___

Survey Completed and Turned In- Date Completed: ___/___/___

Schoolyard Application Completed- Date Completed: ___/___/___ **Bring Application packet to SY program.**

Transcript- Grades for High School Diploma or GED Turned In- Date Completed: ___/___/___

Additional assistance to complete an education program or to secure and hold enrollment within the Schoolyard program will require an educational plan. A request for an education plan must be approved by a Director of Education.

All documents should be turned into the Schoolyard Program Staff:

Schoolyard Program Staff	
Judd Bunag Academic Coach Youth Education & Employment Services T: (907) 793-3478 F: (907) 793- E: jbunag@citci.org	Marlene McCabe Youth Programs Manager Youth Education & Employment Services T: (907) 793-3270 F: (907) 793-3264 E: mmccabe@citci.org
Cail Hubert Media and Art Design Coach Youth Education & Employment Services T: (907) 793-3480 F: (907) 793- E: chubert@citci.org	TBD Academic Advocate & Counselor Youth Education & Employment Services T: (907) 793-3261 F: (907) 793- E: @citci.org

Cook Inlet Tribal Council, Inc.
 3600 San Jeronimo Drive, Anchorage, AK 99508
 Phone (907) 793-3600; Fax (907) 793-3394

Authorization to Obtain/Release Personal Information Within CITC

Participant's Name: _____ **DOB:** _____ **Last four digits of SSN:** _____

I (_____) **Participant** _____ **Parent** _____ **Legal Guardian**) hereby authorize Cook Inlet Tribal Council (CITC) to:
 Obtain/Release protected health and other information within and among CITC departments as indicated below. Please mark any records to be shared within CITC.

<p>PURPOSE OF INFORMATION: At the request of the participant for the purpose of treatment or services.</p> <p>For Recovery Services records state specifications: _____</p> <p>(If info is recorded here, do NOT upload form into CITC MIS)</p> <p>I understand that although this ROI, if signed, provides CITC with the authority to release my information within CITC departments, CITC policies require that only the minimum necessary information be released for the provision of services. Other specifications, if any: _____ _____ _____</p> <p>Psychotherapy Notes CANNOT be released with this Authorization – see Psychotherapy Authorization to obtain those records</p>	<p>WRITTEN (W), ELECTRONIC (E) AND/OR VERBAL (V) INFORMATION RELEASED: (circle and initial all that apply)</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> W/E/V Application for Services</td> <td><input checked="" type="checkbox"/> W/E/V Income and Wages</td> </tr> <tr> <td>W/E/V Admission Summary</td> <td>W/E/V Health History/Physical Records</td> </tr> <tr> <td>W/E/V Psychosocial History</td> <td>W/E/V Lab Reports (OCS and PO)</td> </tr> <tr> <td>W/E/V Treatment Plan (clinical)</td> <td>W/E/V Medication Records</td> </tr> <tr> <td>W/E/V Discharge Status</td> <td><input checked="" type="checkbox"/> W/E/V Career Development Assessment</td> </tr> <tr> <td>W/E/V Psychological Evaluation</td> <td>W/E/V Psychiatric Evaluation</td> </tr> <tr> <td><input checked="" type="checkbox"/> W/E/V Attendance/ Progress Report</td> <td>W/E/V Education assessments*</td> </tr> <tr> <td>W/E/V Immunization Records</td> <td>W/E/V FAS/FASD Assessments</td> </tr> <tr> <td><input checked="" type="checkbox"/> W/E/V Billing Information</td> <td>W/E/V Legal History</td> </tr> <tr> <td>W/E/V Service Plan (non-clinical)</td> <td>W/E/V Housing</td> </tr> <tr> <td colspan="2">W/E/V Other (specify) _____</td> </tr> <tr> <td colspan="2">W/E/V (Special Conditions) _____</td> </tr> </table>	<input checked="" type="checkbox"/> W/E/V Application for Services	<input checked="" type="checkbox"/> W/E/V Income and Wages	W/E/V Admission Summary	W/E/V Health History/Physical Records	W/E/V Psychosocial History	W/E/V Lab Reports (OCS and PO)	W/E/V Treatment Plan (clinical)	W/E/V Medication Records	W/E/V Discharge Status	<input checked="" type="checkbox"/> W/E/V Career Development Assessment	W/E/V Psychological Evaluation	W/E/V Psychiatric Evaluation	<input checked="" type="checkbox"/> W/E/V Attendance/ Progress Report	W/E/V Education assessments*	W/E/V Immunization Records	W/E/V FAS/FASD Assessments	<input checked="" type="checkbox"/> W/E/V Billing Information	W/E/V Legal History	W/E/V Service Plan (non-clinical)	W/E/V Housing	W/E/V Other (specify) _____		W/E/V (Special Conditions) _____	
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W/E/V Other (specify) _____																									
W/E/V (Special Conditions) _____																									

- I understand that: (1) I can refuse to authorize the release of any personal health information (PHI); (2) I am not required to release PHI in order to ensure health care treatment, payment, enrollment, or eligibility for health care benefits; (3) I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524; (4) the information released may include information regarding Psychiatric Treatment (except psychotherapy notes), Substance Abuse Treatment/Rehabilitation, Medical Treatment, and HIV status. I give specific authorization for these records to be used and disclosed. If I have questions about disclosure of my health information, I can contact the CITC Privacy Officer at 907-793-3403.**
- I understand that: (1) I have a right to revoke this authorization at any time; (2) if I revoke this authorization I must do so in writing and present my written revocation to CITC for PHI records, and by telephone for substance abuse treatment records; (3) the revocation will not apply to information that has already been released in response to this authorization; (4) the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date : _____ . For all PHI information, a date must be specified. This authorization will be presumed to expire (1) one year after the signature date below unless otherwise specified above.**
- I understand that my alcohol and/or drug treatment records (if any) are protected under the Health Insurance Portability Accountability Act of 1996 (HIPAA) and its enacting regulations, and that, depending on the nature of the record and treatment involved, my records may also be protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2. I understand that only health information covered by 42 CFR Part 2 (alcohol and drug abuse records), will continue to be protected by law from redisclosure. However, if the information is covered only by HIPAA, it is subject to redisclosure by the recipient and may no longer be protected. I understand that my records cannot be disclosed by CITC beyond what is permitted under this authorization without my written consent, unless provided for by the regulations.

_____ **Check if information being disclosed is subject to 42 CFR part 2 (alcohol and substance abuse treatment).**
NOTICE TO RECIPIENT – PROHIBITION ON REDISCLOSURE IF BOX IS CHECKED: This information has been disclosed to you from records that may be protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from further disclosing this information unless such disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules also restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. (If checked/initialed, do NOT upload into CITC MIS system).

THIS FORM NOT TO BE SENT OUTSIDE OF CITC

By my signature below, I indicate that I have read this document or have had it read to me, that I fully understand its meaning, and that I consent to its terms knowingly and voluntarily.

Signature

____/____/____
Date

Signature of Guardian/Parent/Authorized Person Relationship to Participant

____/____/____
Date

Printed Name

____/____/____
Date

Signature of Organization/Facility Staff

Signed copy received by participant: Yes _____ No _____, participant declined copy

Continued from Page One - Billing Entities potentially receiving information: AETNA; Affiliated Computer Services, Inc (Medicaid); AK Pipe Trade Local 367 Health and Security; AK Electrical Health and Welfare Fund; AK HERE Health and Welfare Trust; AK Rural Employee Benefit Trust; Alaska Labors; Alaska U.C.F.W.Trust; Ameriben/IEC Group; ASEA/AFSCME Local 52 Health Benefits Trust; Blue Cross Blue Shield; Chanlyut; First Choice Health PPO Plan; Great West Health Care; Health and Welfare Benefits System; Healthcomp; Meritain Health; ODS Select Network Group; PGBA/Tricare; Principal Financial Group; Providence Health Plan; PS5 Health Plan Solutions; Risk Benefits Management Services; Salvation Army; SO AK Carpenters Health & Security Plan; SOA Office of Children's Services; American Postal Workers Union Health Plan; Zenith Administrators

PHOTOCOPY WILL SERVE AS ORIGINAL

Family Educational Rights and Privacy Act (FERPA):

This Authorization to Release Personal Information within CITC is governed by The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), which protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education, including the Anchorage School District.

Cook Inlet Tribal Council, Inc.
 3000 San Jeronimo Drive, Anchorage, AK 99508
 Phone (907) 793-3300 Fax (907) 793-3394
Authorization to Obtain Personal Information

Participant's Name: _____ DOB: _____ Last four digits of SSN: _____

I (_____) Participant _____ Parent _____ Legal Guardian hereby authorize Cook Inlet Tribal Council (CITC) to:

_____ Obtain protected health and other information as indicated below.

The Participant's signature below authorizes CITC to obtain protected health information and personal information from the following organization(s).

Name: HOUSING AUTHORITY AND LANDLORDS; FINANCIAL INSTITUTIONS; PAST, CURRENT, AND FUTURE EMPLOYERS
 (Facility, Organization, or Individual Name)

Address: _____ Phone/Fax: _____

PURPOSE OF INFORMATION:

At the request of the participant for the purpose of treatment or services. I understand that although this ROI provides CITC with the authority to obtain my information, CITC policies require that only the minimum necessary information be obtained for the provision of services. Other specifications, if any:

 Psychotherapy Notes CANNOT be released with this Authorization – see Psychotherapy Authorization to obtain those records

WRITTEN (W), ELECTRONIC (E) AND/OR VERBAL (V) INFORMATION RELEASED:
 (circle and initial all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> W/E/V Application for Services | <input checked="" type="checkbox"/> W/E/V Income and Wages |
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| <input checked="" type="checkbox"/> W/E/V Attendance/ Progress Report | <input type="checkbox"/> W/E/V Education assessments* |
| <input type="checkbox"/> W/E/V Immunization Records | <input type="checkbox"/> W/E/V FAS/FASD Assessments |
| <input checked="" type="checkbox"/> W/E/V Billing Information | <input type="checkbox"/> W/E/V Legal History |
| <input type="checkbox"/> W/E/V Service Plan (non-clinical) | <input checked="" type="checkbox"/> W/E/V Housing |
| <input checked="" type="checkbox"/> W/E/V Other (specify) _____ | |

*I give permission for the exchange of any and all information required for these purposes, including but not limited to grades, personal information, attendance, test scores, date and place of birth, schools attended, tribal affiliation, educational barriers, applicable community agencies and other information through Zangle and other resources between CITC and ASD, and within CITC. This exchange is permissible until this release expires, even if I am no longer a student of ASD or participant of CITC. I understand that I may request a copy of the records being released at any time. _____ (initials)

- I understand that: (1) I can refuse to authorize the release of any personal health information (PHI); (2) I am not required to release PHI in order to ensure health care treatment, payment, enrollment, or eligibility for health care benefits; (3) I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524; (4) the information released may include information regarding Psychiatric Treatment (except psychotherapy notes), Substance Abuse Treatment/Rehabilitation, Medical Treatment, and HIV status. I give specific authorization for these records to be used and disclosed. If I have questions about disclosure of my health information, I can contact the CITC Privacy Officer at 907-793-3403.
- I understand that: (1) I have a right to revoke this authorization at any time; (2) if I revoke this authorization I must do so in writing and present my written revocation to CITC for PHI records, and by telephone for substance abuse treatment records; (3) the revocation will not apply to information that has already been released in response to this authorization; (4) the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless otherwise revoked, this authorization will expire on the following date : _____
 If this space is left blank, this authorization will be presumed to expire two (2) years after the signature date below.

- I understand that my alcohol and/or drug treatment records (if any) are protected under the Health Insurance Portability Accountability Act of 1996 (HIPAA), and its enacting regulations, and that, depending on the nature of the record and treatment involved, my records may also be protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2. I understand that only health information covered by 42 CFR Part 2 (alcohol and drug abuse records), will continue to be protected by law from redisclosure once it leaves CITC. However, if the information is covered only by HIPAA, it is subject to redisclosure by the recipient and may no longer be protected. I understand that my records cannot be disclosed by CITC beyond what is permitted under this authorization without my written consent, unless provided for by the regulations.

_____ Check if information being disclosed is subject to 42 CFR part 2 (alcohol and substance abuse treatment).

NOTICE TO RECIPIENT – PROHIBITION ON REDISCLOSURE IF BOX IS CHECKED: This information has been disclosed to you from records that may be protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from further disclosing this information unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules also restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

By my signature below, I indicate that I have read this document or have had it read to me, that I fully understand its meaning, and that I consent to its terms knowingly and voluntarily.

Signature _____	Date _____/_____/_____
Signature of Guardian/Parent/Authorized Person _____	Relationship to Participant _____
_____	Date _____/_____/_____
Printed Name _____	Date _____/_____/_____

Signed copy received by participant: Yes or No, participant declined copy