TEXAS SCHOOL FOR THE BLIND AND VISUALLY IMPAIRED

DIGITAL SIGNATURE AGREEMENT

Digital Signature Agreement for _____

(Printed name of Student or Child)

By my signature below, and for my convenience, I agree that by placing my name on, at, or in close proximity to a place for my signature (herein sometimes called "digital signature") on any authorization, agreement, consent, permission, request, or another form (collectively called "agreement"), the digital signature will be a valid, enforceable, and fully effective authorization for use by the Texas School for the Blind and Visually Impaired (TSBVI), for the purpose or purposes set out in such agreement, in accordance with the Texas Uniform Electronic Transaction Act (ETA), Tex. Bus. & Com. Code sections 322.001–.021.

The parties agree that the digital signature or signatures of the undersigned and/or of any agent, representative or employee of the TSBVI is/are intended to authenticate the writing to which such signature(s) is/are attached and to have the same force and effect as the use of manual signatures. I agree to accept digital signatures of TSBVI employees on reports, forms or other documents. I agree that forms I sign on paper may be converted to digital format and stored only as a digital file.

TSBVI agrees to accept such digital signature whenever it requires a parent or guardian to approve or otherwise authorize any action, event, acceptance or disclosure of information (including medical information) by a parent or guardian or to provide permission for the student to take part in some school-related trip or activity.

I understand and agree that I might execute (i) a medical power of attorney allowing a third party or a designee of the TSBVI to authorize medical treatment for my child; and/or (ii) an authorization to release or obtain information under the provisions regarding disclosure of medical, education and other information under the Health Insurance Portability and Accountability Act, P.L. 104-191 (HIPAA), 45 CFR parts 160 and 164, 42 U.S. Code section 29 Odd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232 g (FERPA); 34 CFR parts 99 and 300; and State law (herein called HIPPA Release) relating to the identity, diagnosis, prognosis of treatment including mental health rendered to the child named herein using a digital signature and that such power of attorney or HIPPA Release shall be legal notwithstanding the lack of witnesses or my signature being notarized.

I understand that this agreement remains in effect until such time as I notify TSBVI in writing that I wish to revoke it for future authorizations. However, no revocation shall be effective to revoke any reliance by a party on an agreement digitally signed

prior to such cancellation. Any revocation shall not be retrospective in nature and shall only have prospective effect.

_____ _____

Signature of Parent or Guardian or Student, if 18 Years Of Age or Older and able to give informed consent

Date

Printed Name of Person Signing: _____