

CLOVIS UNIFIED SCHOOL DISTRICT
Authorization for Release of Health Information

A. STUDENT / PATIENT INFORMATION

Name: _____
LAST
FIRST
MI

Date of Birth: _____ Sex: M F Student ID#: _____

B. INFORMATION TO BE RELEASED FROM (as needed):

- | | |
|---|--|
| <p>____ School District</p> <p>____ California Children's Services (CCS)</p> <p>____ Clovis Community Hospital</p> <p>____ CCS Medical Therapy Unit</p> <p>____ Fresno Community Hospital</p> <p>____ Central Valley Regional Center (CVRC)</p> <p>____ Kaiser Permanente Med. Ctr., Fresno</p> <p>____ Exceptional Parents Unlimited (EPU)</p> <p>____ Saint Agnes Medical Center</p> <p>____ Fresno Co. Health Services Agency</p> <p>____ Fresno Co. Office of Education</p> <p>____ Physician / Clinic / Other: _____</p> <p>____ Physician / Clinic / Other: _____</p> | <p>____ Children's Hospital Central CA</p> <p>____ Charlie Mitchell Clinic</p> <p>____ Genetics</p> <p>____ PT / OT</p> <p>____ Rehabilitation</p> <p>____ Special Clinics</p> <p>____ Speech & Hearing</p> <p>____ Other</p> <p>____ University Medical Center</p> <p>____ UMC Children's Health Ctr.</p> |
|---|--|

C. INFORMATION TO BE RELEASED TO AND USED BY CLOVIS UNIFIED SCHOOL DISTRICT:

School/Department: Kastner Intermediate School, Clovis Unified School District
 Contact Person: Debra Hopkins, RN, RCSN- School Nurse
 Address 7676 N. First St. City, State, Zip Fresno, CA 93720
 Phone: (559) 327-2780 Fax: (559) 327-2790

D. PURPOSE OF THE REQUESTED INFORMATION

- ____ Authorization forwarded at the request of Parent / Legal Guardian
- ____ Assist in determining most appropriate school education program / learning accommodations
- ____ Other: _____

E. TYPE / DESCRIPTION OF INFORMATION REQUESTED

- | | |
|--|--|
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Operative Reports |
| <input type="checkbox"/> Ambulatory Clinic Summary | <input type="checkbox"/> Mental Health Records |
| <input type="checkbox"/> Physician Orders | <input type="checkbox"/> Lab Results / X-ray Reports |
| <input type="checkbox"/> Appointment Dates/Times | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Consultation Reports |
| <input type="checkbox"/> Other: _____ | |

F. SIGNATURE AUTHORIZING RELEASE OF INFORMATION

By signing below, I understand that the information released may include information regarding treatment, hospitalization, or outpatient care, including psychological/psychiatric impairment, drug abuse, alcoholism, AIDS, or HIV tests, unless otherwise excluded here:

I also understand that the school district is responsible for maintaining confidential files for access and review by involved educational staff only. Academic, psychological and health records are exchanged among California public schools.

I have read and understand the “Authorization Restrictions and Rights” on the backside of this form which includes my right to refuse to sign this authorization, to revoke this authorization, and to receive a copy of this authorization.

Unless revoked, this authorization will expire in 1 year, unless otherwise specified here:

Signature of Parent / Legal Guardian

Date

Signature of Witness

Date

Authorization Restrictions and Rights

- Signing this authorization is voluntary. You can refuse to sign this authorization. Refusing to sign this authorization will not affect Clovis Unified School District's commitment to providing a quality education for your child, however, refusing to sign may inhibit the school's ability to implement an optimal plan of education, learning accommodations and/or health care plan for your child.
- This authorization may be revoked at any time. To revoke this authorization, you must provide the organization or individual listed in Section B of this form, with a written request to revoke the authorization. Any information disclosed before your written revocation is received, may be used as previously permitted.
- You have the right to receive a copy of your "Authorization for Release of Health Information". If you request it, you will receive a copy of this authorization after you sign it.
- Clovis Unified School District is responsible for maintaining confidential files for access and review by involved educational staff only. Academic, psychological and health records are exchanged among California Public Schools. No further disclosure of this information, by Clovis Unified School District, should be done without specific, written and informed release by parent/legal guardian.
- If you authorize disclosure of information to a person or entity that is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by state or federal law.
- You may inspect or copy the information to be disclosed, as provided in CFR 164.524.