

## **Authorization for Release of Health Information**

| * + 000   |  | Date of Bir   | th:  |  |
|---|--|---|--|--|
| LAST<br>NFORMATION TO BE RELEAS   | FIRST<br>ED FROM:  | Г МІ  |  |  |
| Sc  | hool District  | Children's Hospital (   | Dakland  |  |
| California Children's Servic  | es (CCS)   | San Joaquin General   | Hospital   |  |
| Medical Therapy Unit Valley Mountain Regional C   | <sup>S</sup> enter   | Dameron Hospital<br>Kaiser Permanente   |  |  |
| St. Joseph's Medical Center   |  | Public Health Service   | es   |  |
| UCSF Medical Center   |  | Mental Health Service   |  |  |
|   |  | San Joaquin County E  | Behavioral Health  |  |
| Physician/Clinic/Other:   |  |   |  | -  |
| Physician/Clinic/Other:   |  |   |  | -  |
| FORMATION TO BE RELEASI   | ED TO AND USED BY  | Y STOCKTON UNIFIED SO   | CHOOL DISTRICT:  |  |
| School/Department   | tment Contact Person   |   |  |  |
| Address   | City   | State   | Zip  |  |
| Phone   | Fax  |   |  |  |
| URPOSE OF THE REQUESTED   | INFORMATION:   |   |  |  |
| Authorization forwarded at the  |  | al Guardian   |  |  |
|   |  | ion program / learning accor  | nmodations   |  |
|   |  |   | imodutions   |  |
| Other:  |  |   |  |  |
| Other:  |  |   |  | _  |
| Other:YPE / DESCRIPTION OF INFOR  | MATION REQUESTI  | ED:   |  | _  |
| Other: YPE / DESCRIPTION OF INFORImmunization Record  | MATION REQUESTI Operative Reports  | ED: Ambulatory  | Clinic Summary   | _  |
| Other:YPE / DESCRIPTION OF INFOR  | MATION REQUESTI Operative Reports Lab Results/X-ray F  | ED:  Ambulatory  Reports Appointment  | Clinic Summary   | _  |
| Other:Other:YPE / DESCRIPTION OF INFOR Immunization RecordPhysician Orders  | MATION REQUESTI Operative Reports Lab Results/X-ray R Discharge Summary  | ED:  Ambulatory  Appointment  Mental Healt  | Clinic Summary Dates/Times Records   | _  |
| Other:Other: YPE / DESCRIPTION OF INFOR Immunization Record Physician Orders History and Physical   | MATION REQUESTI Operative Reports Lab Results/X-ray R Discharge Summary Other:   | ED:  Ambulatory  Reports Appointment  Mental Healt  | Clinic Summary<br>Dates/Times<br>th Records  | _  |
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| Other:Other:Other:OTHER    YPE / DESCRIPTION OF INFOR   Immunization Record   Physician Orders   History and Physical   Consultation Reports   or the time period of   OTHER    GNATURE AUTHORIZING RELIGIOUS SIGNING BELOW, I understand outpatient care, including psychological page 1.                                      | MATION REQUESTI Operative Reports Lab Results/X-ray F Discharge Summary Other: to LEASE OF INFORMA d that the information ochological/psychiatric in   | ED:  Ambulatory deports Appointment Mental Healt  TION: released may include informate mpairment, drug abuse, alcountered for maintaining confidential  | Clinic Summary Dates/Times The Records  ation regarding treatments The Records  ation regarding treatments The Records  ation regarding treatments The Records   | tests, unless  |
| Other:Other:Other:OTHER    YPE / DESCRIPTION OF INFOR   Immunization Record   Physician Orders   History and Physical   Consultation Reports    or the time period of    GNATURE AUTHORIZING REI    By signing below, I understan   outpatient care, including psycotherwise excluded here:   I also understand that the school | MATION REQUESTI Operative Reports Lab Results/X-ray R Discharge Summary Other: to LEASE OF INFORMA d that the information is chological/psychiatric is pool district is responsible mic, psychological and e "Authorization Restrict"  | ED:  Ambulatory  deports Appointment     Mental Healt  TION:  released may include informate in the second are exchange of the second and Rights" on the back   | Clinic Summary Dates/Times The Records  ation regarding treatments tholism, AIDS, or HIV al files for access and red among California purckside of this form who   | review by involved<br>blic schools.  |
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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 Stockton 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.
- O 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.
- Stockton 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 Stockton Unified School District, should be done without specific, written and informed release by parent/legal guardian.
- You may inspect or copy the information to be disclosed, as provided in CFR 164.524.

| This document was translated to parent/legal g read to the patient verbatim and questions, if an | This document was |   |
|--|-------------------|---|
| Translated by:   |                   | _ |
| Signature  | Date              |   |