

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.
- 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 guardian into _____. This document was read to the patient verbatim and questions, if any, were answered prior to signature.

Translated by: _____
Signature Date