

Authorization for Release of Health Information

A. STUDENT/PATIENT INFORMATION

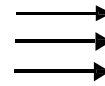
Name: _____
LAST FIRST MI

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

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

____ School District
____ California Children's Services (CCS)
____ CCS Medical Therapy Unit
____ Kern Regional Center (KRC)
____ Exceptional Parents Unlimited (EPU)
____ Kern Medical
____ Kern County Superintendent of Schools (KCSOS)

____ Valley Children's Healthcare
____ UCLA
____ Children's Hospital LA
____ Kaiser Permanente MC
____ Community Health Center
____ Clinica Sierra Vista
____ Sagebrush Clinic



Specialty Clinics:

____ Physician/Clinic/Other: _____
____ Physician/Clinic/Other: _____

C. INFORMATION TO BE RELEASED TO AND USED BY BAKERSFIELD CITY SCHOOL DISTRICT

School/Department: School Health Contact Person: _____

Address: 222 34th Street City: Bakersfield State: CA Zip: 93301

Phone: 661-631-5895 Fax: 661-631-5898

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

____ Immunization Record
____ Physician Orders
____ History and Physical
____ Consultation Reports
____ Operative Reports
____ Lab Results/X-ray Reports
____ Discharge Summary
____ Other: _____
____ Ambulatory Clinic Summary
____ Appointment Dates/Times
____ Mental Health Records

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

(PLEASE INITIAL EACH LINE)

- _____ Signing this authorization is voluntary. You can refuse to sign this authorization. Refusing to sign this authorization will not affect Bakersfield City 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.
- _____ Bakersfield City 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 Bakersfield City 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.