



I hereby authorize:

Name of Disclosing Physician, Clinic, Agency

Address

City State Zip

Phone # Fax #

To share and exchange with:

CCCOE School Nurse / Counselor, Marchus CEP

Name of Receiving Recipient, Agency, or Institution
Marchus School, 2900 Avon Ave

Address

Concord CA 94520

City State Zip

925-602-3421 925-689-9128

Phone # Fax #

records and information pertaining to:

Name of Student/Patient (List Other Names Used)

Medical Record Number

Date of Birth

Address

Telephone Number

DURATION: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here _____(Date).

REVOCATION: This authorization is also subject to written revocation by the undersigned at any time. The written revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon this authorization.

REDISCLASURE: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

SPECIFY Check the box, initial and/or sign to specify which type of information is to be disclosed.

RECORDS: **MEDICAL INFORMATION** _____(Initial)

PSYCHIATRIC INFORMATION

Signature Date

DRUG/ALCOHOL INFORMATION

Signature Date

RESULTS OF AN HIV TEST

Signature Date

GENETIC RECORDS

Signature Date

OTHER HEALTH INFORMATION _____(Initial) (specify below)

Specify the records to be disclosed: _____

The recipient may use the health information authorized on this form for the following purposes:

School planning/Evaluation, Coordination and Accommodation medical/health needs in school setting.

A copy of this authorization is as valid as the original.

I understand I have the right to a copy of this authorization.

Date

Student Signature

Signature of parent, guardian or designee. If signed by other than Student, circle to indicate relationship