

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Explanation: This authorization for the use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981, Section 56, et. sec., California Civil Code.

The undersigned, hereinafter referred to as "Patient", hereby authorizes:

_____ and/or _____

to release information relative to Patient's medical condition, including without limitations all medical, x-rays, laboratory, and hospital records pertaining to the undersigned patient to:

_____ and/or _____

The information shall be used solely for the purpose of evaluating patient's ability to perform essential job functions. Patient hereby agrees to indemnify and hold harmless the above named physician/clinic from any liability arising from the release of said information to the (*school district's name*) and its employees, agents, principals, and attorneys.

This authorization shall become effective immediately and shall remain in effect for as long as necessary in order for the district to make an appropriate employment/placement decision. A photocopy shall be as valid as the original. I understand that the requestor may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

I further understand that I have a right to receive a copy of this authorization upon request.

Effective Date: _____

Copy requested and received: Yes _____ No _____ Date: _____

Patient (Employee) Print Name: _____

Patient's Date of Birth: _____

Signed: _____

Patient (Employee)/Legal Representative, Spouse, Financial Responsibility Party, Beneficiary, or
Personal Representative