

Fresno Unified School District

AUTHORIZATION FOR RELEASE OF INFORMATION

A. STUDENT/PARENT INFORMATION:

Last Name, First Name

Date of Birth

FUSD
ID Number

B. INFORMATION IS AUTHORIZED TO BE EXCHANGED AND RELEASED BETWEEN FRESNO UNIFIED SCHOOL DISTRICT AND:

- | | |
|--|--|
| <input type="checkbox"/> _____ School District | <input type="checkbox"/> Fremont Hospital |
| <input type="checkbox"/> Bakersfield Behavioral Healthcare Hospital | <input type="checkbox"/> Community Regional Medical Center |
| <input type="checkbox"/> California Children's Services (CCS)/Medical Therapy Unit (MTU) | <input type="checkbox"/> Fresno County Department of Social Services |
| <input type="checkbox"/> Central Valley Regional Center (CVRC) | <input type="checkbox"/> Fresno County EOC HeadStart |
| <input type="checkbox"/> Children's Hospital Central California | <input type="checkbox"/> Fresno County Behavioral Health |
| | <input type="checkbox"/> Fresno County Superintendent of Schools |
| | <input type="checkbox"/> Kaiser Permanente Medical Center, Fresno |
| | <input type="checkbox"/> Saint Agnes Medical Center |
| | <input type="checkbox"/> Stanford Children's Health _____ (Dept(s)) |
| | <input type="checkbox"/> State of CA Department of Rehabilitation |
| | <input type="checkbox"/> Tri-County Migrant HeadStart |
| | <input type="checkbox"/> United Cerebral Palsy |
| | <input type="checkbox"/> Uplift Family Services |
- | | |
|---|------------------------------------|
| <input type="checkbox"/> Charlie Mitchell Clinic | <input type="checkbox"/> PT/OT |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Audiology |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Other Specialty Clinic _____ | |
- Clovis Community Medical Center
- Central Star Behavioral Health
- Exceptional Parents Unlimited (EPU)
- Exodus Recovery Fresno

Physician/Clinic/Other: _____

Physician/Clinic/Other: _____

Physician/Clinic/Other: _____

C. PURPOSE OF THE REQUESTED INFORMATION:

- Authorization forwarded at the request of the Parent/Legal Guardian.
- Assist in determining most appropriate school education program/learning accommodations.
- Other: _____

D. TYPE/DESCRIPTION OF INFORMATION REQUESTED:

- | | | |
|---|---|--|
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Psychological Report(s) |
| <input type="checkbox"/> Physician Orders | <input type="checkbox"/> Lab Results/X-ray Reports | <input type="checkbox"/> Appointment Dates/Times |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Mental Health Records |
| <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Evaluation Reports |
| <input type="checkbox"/> School Records | <input type="checkbox"/> Individualized Education Program (IEP) | |

E. PERSON AUTHORIZING RELEASE OF INFORMATION:

I understand that the information released may include information regarding treatment, hospitalization, or outpatient care, unless otherwise excluded here: _____

I understand that Fresno 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.

I have read and understand the "Authorization Restrictions and Rights" below, which includes my right to refuse to sign this authorization, to revoke this authorization, to receive a copy of this authorization, and/or inspect or copy any information disclosed.

Unless revoked, this authorization will expire in one year, unless otherwise specified here: _____

Signature of Parent/Legal Guardian Surrogate

Date

Student, if appropriate/requested

Date

***A copy of this authorization shall be considered as valid as an original.

Authorization Restrictions and Rights

- ❖ Signing this authorization is voluntary. You can refuse to sign this authorization. Refusing to sign this authorization will not affect Fresno Unified School District's commitment to providing a quality education for our child; however, refusing to sign may inhibit the school's ability to implement an optimal plan of education, learning accommodations and supports, and/or health care plan for your child.
- ❖ This authorization may be revoked at any time. To revoke this authorization, you must provide a written request to revoke the authorization to roirevocation@fresnounified.org. Any information disclosed before your written revocation is received may be used as previously permitted.
- ❖ You have the right to receive a copy of this "Authorization for Release of Information." If requested, you will receive a copy after you sign it.
- ❖ Fresno 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 Fresno Unified School District shall 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 disclosed, as provided in CFR 164.524.