

Student Information

Name: Date of birth: Grade:

*Petaluma Health Center San Antonio Clinic* keeps medical records confidential. However, at times we may want to collaborate with other agencies, providers and school staff to provide better health care to your child—for example, to assist your child’s health needs, coordinate your child’s care with school staff, provide treatment or referral, or evaluate the services provided. This may require disclosing some of your child’s confidential medical information to others. In most cases, we need your permission to share this information. We will share the minimum amount of information necessary to accomplish these purposes.

1. Please initial one of the following:

[ ] I give *Petaluma Health Center San Antonio Clinic* permission to share or disclose medical records and medical information about my child with the persons and agencies specified under (2) below for the purposes described above. This may include contact and appointment information, immunizations, history, diagnosis, treatment and mental health records (diagnosis, progress, and medication information). This release does NOT authorize *Petaluma Health Center San Antonio Clinic* to disclose information regarding HIV testing, treatment or status; drug or alcohol abuse, diagnosis or treatment; inpatient mental health services; psychotherapy notes; or minor consent services[[1]](#endnote-1).

[ ] I give *Petaluma Health Center San Antonio Clinic* permission to share or disclose all medical records and information as described in the paragraph above with the persons and agencies specified under (2) below, except the following information:

*Petaluma Health Center San Antonio Clinic* and its staff must have a separate authorization from me to disclose the information I describe on this line.

1. *Petaluma Health Center San Antonio Clinic* may share or disclose this information with the following persons and agencies:

[ ] *San Antonio School* professional health staff, such as the school counselor.

[ ] *San Antonio School* Multidisciplinary team members, such as the school counselor.

[ ] Others:

(*name of position of person or category of persons authorized to use or receive information)*

1. This authorization is valid until the following date:

**Notices and Explanation of Rights:**

1. I understand that *Petaluma Health Center San Antonio Clinic* may share or be required to share my child’s health care information with certain persons or agencies for purposes of treatment, health care operations, and billing and payment, or as otherwise required by law, without needing an authorization.
2. I understand that I may revoke this authorization by writing to *Petaluma Health Center San Antonio Clinic.* Once the *Site Manager* receives my written request, this authorization will be revoked, but only to the extent that the authorization has not already been relied upon to release health information.
3. I understand that I have the right to refuse to sign this authorization. I understand that *Petaluma Health Center San Antonio Clinic* may not deny my child treatment, payment, enrollment in a health plan, or eligibility for benefits just because I choose not to sign this authorization.
4. I understand that if *Petaluma Health Center San Antonio Clinic* discloses information to a person or organization that is not a health care provider, hospital or health plan subject to federal confidentiality law, the information may no longer be protected by federal confidentiality law. However, I understand that California confidentiality law still may apply, and the person or agency that receives my child’s medical information will not be able to disclose the information unless they have a new authorization or as required or permitted by law.
5. I understand that I have a right to receive a copy of this signed authorization.

Signature of Parent/Guardian:

Print Name: Date:

Describe Relationship to Patient:

1. “Minor consent services” refers to health care services that youth can consent on their own behalf. Minors must authorize the release of this information on their own. [↑](#endnote-ref-1)