

AUTHORIZATION FOR DISCLOSURE AND USE OF MEDICAL INFORMATION – FOR STUDENTS

CONFIDENTIALITY OF MEDICAL INFORMATION ACT (CMIA), CIVIL CODE § 56, ET SEQ.

Pursuant to California’s Confidentiality of Medical Information Act, I, parent/guardian of [_____] “Student,” authorize **Inspire Diagnostics** to disclose the Student’s medical information described in this authorization to Soquel High School. I also authorize the same representatives from the Soquel High School to use the medical information for the purposes described in this authorization.

This authorization is limited to the following types of information and recipients may use the information for the following purpose (s):

This authorization is specifically for the COVID-19 PCR testing/test results administered to detect the presence of the COVID-19 virus (SARS-CoV-2). The recipients will use the information limited to accessing the COVID-19 PCR nasal swab testing. Inspire Diagnostics is no longer eligible to disclose this medical information after the 2022 academic year, concluding on June 30, 2022.

Expiration Date: **Inspire Diagnostics** is no longer authorized to disclose medical information described in this authorization after the 2022 academic year ending on June 30, 2022.

Right to Receive Copy of This Authorization: I understand that if I sign this authorization, I have the right to receive a copy of this authorization. Upon request, the Soquel High School will provide me with a copy of this authorization.

I authorize the disclosure and use of Student’s medical information as described above for the purposes listed above. I understand that this authorization is voluntary and that I am signing this authorization voluntarily.

Parent/Guardian Name

Signature

Date