AUTHORIZATION FOR AGBU MANOOGIAN-DEMIRDJIAN SCHOOL USE AND DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION OF STUDENT

CONFIDENTIALITY OF MEDICAL INFORMATION ACT ("CMIA"), CIVIL CODE § 56.11.

Pursuant to California's Confidentiality of Medical Information Act, I, the parent or legal guardian of _____ **[PRINT NAME OF STUDENT]** ("Student"), authorize **AGBU MDS** and its employees, representatives, contractors, and agents ("Authorized Representatives"), to receive information regarding Student's COVID-19 temperature and symptom screening information, COVID-19 test results, and COVID-19 vaccination status directly from me and/or Student and MDS' medical provider ____ to use and disclose such information as set forth in this authorization.

This Authorization is Limited to the Following Types of Information:

Information regarding Student's COVID-19 temperature and symptom screening information, Student's COVID-19 test results, and Student's COVID-19 vaccination status.

AGBU MDS is Authorized to Use this Information for the Following Purposes:

Where information regarding Student's COVID-19 temperature and symptom screening information, Student's COVID-19 test results, and Student's COVID- 19 vaccination status is necessary for the **AGBU MDS** to make school-related decisions, (1) to comply with federal, state, or local laws, regulations, mandates, orders, or guidance related to COVID- 19, including those that take a person's COVID-19 temperature and symptom screening information, COVID-19 test results, and COVID- 19 vaccination status into account; (2) to promote safe and healthy operations for employees, students, families, and other members of the School community; and (3) to act in accordance with federal, state, or local regulations, mandates, orders, or guidance.

The Following Parties are Authorized to Disclose this Information for AGBU MDS and its Authorized Representatives.

The Authorized Parties are Authorized to Disclose and the Following Parties are Authorized to Obtain This Information for the Above Purposes: School employees who have a legitimate need to know information regarding Student's COVID-19 temperature and symptom screening information, Student's COVID-19 test results, and Student's COVID-19 vaccination status; appropriate persons where there is a health or safety emergency and the information is necessary to protect the health or safety of the Student or others; appropriate persons as required by federal, state, or local laws, regulations, mandates, orders, or guidance, and any agent, representative, or employee of **AGBU MDS**, student, parent, visitor, invitee or other member of the public accessing **AGBU MDS** premises or facilities, etc., who may become aware of Student's COVID-19 temperature and symptom screening information, Student's COVID-19 test results, and Student's COVID-19 vaccination status as may be impliedly or constructively disclosed by Student's action(s) or inaction(s) and/or those of **AGBU MDS** or its Authorized Representatives.

Authorization Period:

AGBU MDS and its Authorized Representatives are authorized to use and disclose information regarding Student's COVID-19 temperature and symptom screening information, Student's COVID-19 test results, and Student's COVID-19 vaccination status in the manner specified above through **JUNE 30, 2022**.

Right to Receive a 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, **AGBU MDS** will provide me with a copy of this authorization.

I authorize the uses and disclosures of my 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

_____

Parent/Guardian Name Signature Date

If Student is 18 Years of Age or Older:

_____

Student Name Signature Date