

AUTHORIZATION FOR MATER DEI CATHOLIC HIGH SCHOOL AND JUAN DIEGO ACADEMY 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 _____ (“Student”), authorize Mater Dei Catholic High School and Juan Diego Academy (“MDCHS”) 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 through MDCHS on-campus COVID-19 temperature and symptom screening and COVID-19 testing and 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.

The MDCHS 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 MDCHS 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 MDCHS 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 the Above Purposes:

The MDCHS 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 MDCHS, student, parent, visitor, invitee or other member of the public accessing MDCHS 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 MDCHS or its Authorized Representatives.

Authorization Period:

The MDCHS 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, MDCHS 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
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Parent/Guardian Name	Signature	Date
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If Student is 18 Years of Age or Older:

Student Name	Signature	Date
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