BAYHILL HIGH SCHOOL
www.bayhillhs.org

1940 Virginia Street
Berkeley, CA
Phone: (510) 984-0599

Authorization for Release of Information

Name:_____ **Date of Birth:** _____

Address: _____ **City, State, Zip:** _____

Student Phone Number: _____

In order to better understand your student, Bayhill often needs to speak with people who know her/him well. Please provide the information listed below.

☐ **I authorize Bayhill High School to obtain information from:**

Previous School(s) Information:

Name of School & Contact Person/Director/Principal
Address
City, State, Zip Code
Phone #/Fax # (Include area code)

Name of School & Contact Person/Director/Principal
Address
City, State, Zip Code
Phone #/Fax # (Include area code)

Therapist(s):

Name of Provider
Address
City, State, Zip Code
Phone #/Fax # (Include area code)

Name of Provider
Address
City, State, Zip Code
Phone #/Fax # (Include area code)

Other Professional(s):

Name of Provider
Address
City, State, Zip Code
Phone #/Fax # (Include area code)

Name of Provider
Address
City, State, Zip Code
Phone #/Fax # (Include area code)

I understand that:

- I may cancel this authorization at any time by submitting a *written* request to the Bayhill High School, except where a disclosure has already been made in reliance on my prior authorization.
- If the person of facility receiving this information is not a health care or medical insurance provider covered by privacy regulations, the information stated above could be redisclosed.
- If the authorized information is protected by Federal Confidentiality Rules 42CFR, Part 2, it may not be disclosed without my written consent unless otherwise provided for in the regulations.
- Release of HIV-related information requires additional information.
- Bayhill may contact me for further information and/or releases.

Signature of Parent or Guardian: _____ Date: _____