



MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT

YOUR COMMUNITY YOUR COLLEGE YOUR SUCCESS

**AUTHORIZATION FOR DISCLOSURE AND USE OF MEDICAL
INFORMATION**

**CONFIDENTIALITY OF MEDICAL INFORMATION ACT (CMIA), Civil
Code, § 56, et seq.**

Pursuant to California's Confidentiality of Medical Information Act, I, , authorize applicable COVID-19 testing vendors, medical providers, and/or legal representatives to disclose my medical information as described in this authorization to representatives of the Mendocino-Lake Community College District. I also authorize the same representatives from the Mendocino-Lake Community College District to use the medical information for the purposes described in this authorization.

This authorization is limited to the following types of information:

COVID-19 test results, including but not limited to any results of tests administered to detect the presence of the COVID-19 virus (SARS-CoV-2)]

AND/OR

Verification of COVID-19 Vaccination

The recipients of this information may use the information for the following purpose:

Legitimate non-discriminatory businesses reasons, including managing, controlling, and responding to COVID-19 infections among Mendocino-Lake Community College District students and employees, medical accommodation request, and response procedures in alignment with local health orders and/or state mandate.

Expiration Date: Applicable COVID-19 testing vendors, medical providers, and/or legal representatives are no longer authorized to disclose medical information described in this authorization after December 31, 2025.

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 Mendocino-Lake Community College District will provide me with a copy of this authorization.

I authorize the disclosure and use 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.

Name

Signature

Date

If you are unable to sign digitally, your typed name here is accepted as authorization