



Conejo Recreation & Park District

EMPLOYEE AUTHORIZATION FOR USE AND DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

Confidentiality of Medical Information Act (“CMIA”), Civil Code §§ 56.20, 56.21.

Pursuant to California’s Confidentiality of Medical Information Act, I, _____ **[Name of Employee]**, authorize the Conejo Recreation and Park District (“District”) to use and disclose information regarding my COVID-19 vaccination status for legitimate, non-discriminatory business purposes where my vaccination status is necessary for the District to make work-related decisions authorized by or in order to comply with federal, state, or local law or regulation that takes a person’s vaccination status into account.

Specifically, I authorize the District to use and disclose this information for the purposes provided under the Cal/OSHA COVID-19 Regulations (8 C.C.R. §§ 3205-3205.4), including, but not limited to, decisions regarding the use of face coverings.

This authorization is limited to the following types of information:

Information regarding my COVID-19 vaccination status.

The District is authorized to use this information for the following purposes:

For legitimate, non-discriminatory business purposes where information regarding my vaccination status is necessary for the District to make work-related decisions authorized by or in order to comply with federal, state, or local laws that take a person’s vaccination status into account.

The following parties are authorized to disclose this information for the above purposes:

The District and the District’s designated agent(s) where:

1. The disclosure of my vaccination status is or may be impliedly or constructively disclosed by my action(s) (*e.g.*, not wearing a face covering in the workplace); and/or
2. The disclosure of my vaccination status is or may be impliedly or constructively disclosed by action(s) of the District or the District’s designated agent(s) (*e.g.*, allowing me to not wear a face covering in the workplace).

The following parties are authorized to receive disclosure of this information for the above purposes:

Any agent or employee of the District, visitor, invitee or other member of the public accessing the District’s premises or facilities, etc., who may become aware of my vaccination status, by my action(s) and/or those of the District (*e.g.*, become aware that I am fully vaccinated by my choice to remove a face covering in the workplace with the District’s consent).

Employee Authorization For Use And Disclosure Of Confidential Medical Information

Authorization period:

The parties specified above are authorized to disclose information regarding my COVID-19 vaccination status in the manner specified above through December 31, 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, the District will provide me with a copy of this authorization.

I authorize the limited 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.

Employee's Name (Print)_____

Signature

Date

Submit this form to Human Resources at Hillcrest Center