

Withdrawal of Release of Information to Medical Board of California

Clerk stamps date here when form is filed.

You may use this form to stop your authorization for the California Department of Social Services and the California Department of Health Care Services to give your name and contact information to the Medical Board of California, and to see your medical records.

- 1 Your information:
 - a. I am the
 - child or youth
 - nonminor dependent
 - child's or youth's attorney
 - b. My name: _____
 - c. My address, city, state, and zip code (If confidential, see 2):

 - d. My telephone number: _____
 - e. My email address: _____
 - f. If you are an attorney:
 - My client's name: _____
 - My client's address, city, state, and zip code (If confidential, see 2):

 - My client's telephone number: _____
 - My client's email address: _____
 - My state bar number: _____

Fill in court name and street address:

Superior Court of California, County of _____

Court fills in case number when form is filed.

Case Number: _____

- 2 If you want to keep your address or your client's address confidential in the juvenile court file, fill out Confidential Information (form JV-287) and do not write the address on this form.
 - Check here if form JV-287 is attached.
- 3 I DO NOT authorize my name and contact information my client's name and contact information to be shared with the Medical Board of California and DO NOT authorize board staff to contact me or my client for further details about medical care.
- 4 I DO NOT authorize the California Department of Health Care Services and the California Department of Social Services to connect my name to the prescribing data and other information about me my client that was previously provided under a unique number.
- 5 I DO NOT authorize the Medical Board of California to see me my client's medical records to decide if there are any potential violations of the law or excessive prescribing of psychotropic medications.

Date: _____

Type or print your name

Signature of Child or youth
 Nonminor dependent
 Attorney for child, youth, or nonminor dependent

Whenever a child, nonminor dependent, or attorney signs this form, the child or nonminor dependent's attorney must file the form with the juvenile court. The clerk of the court must mail a copy of the form to CDSS. CDSS must maintain all forms received.

California Department of Social Services
Attention: Information Release for California Medical Board
744 P Street, MS 8-13-66, Sacramento, CA 95814