

Authorization to Release Confidential Health Information Procedure

Purpose

This document informs site teams and parents about the release of confidential health information and provides the correct procedure to fill out the *Authorization to Release Confidential Health Information Form*.

Guidance

The *Authorization to Release Confidential Health Information Form* is designed to protect the child's personal health information. It can be used to assist a child's parent/legal guardian to obtain the necessary health information that the program requires, such as medical/dental exams, immunization records, and information on a child's specific health conditions. When completed, this authorization is used as an educational tool to help families understand how to protect their personal information. This form is only used when needed.

Procedure

Use this form when a child -

- has had a medical exam within the last 12 months or dental exam within the last 6 months from the date of the child's first day of attendance
- has a medical or dental exam scheduled within the next 90 days of the completion of this form
- needs a child health plan and medication

Use this form when a staff needs -

- to get immunization records
- to follow up on medical and dental treatments
- to obtain health information such as occupational or speech therapy information
- to discuss health information with a provider or agency

A provider's name must be on the form before the parent/guardian signs the form. Separate forms are needed for each provider (medical, dental, specialists).

Related Documents

Authorization to Release Confidential Health Information Form
Standard of Conduct: Confidentiality Policy
Confidentiality Procedure

Resources

United State Department of Health & Human Services
<http://www.hhs.gov/ocr/hipaa/>