Authorization to Release and Exchange Confidential Health Information

Early Learning psesd excellence & equity in education Puget Sound Educational Service District

Authorization to Disclose Records Of:			
Child's Name Last	First	Middle	Date of Birth
The following information may help in locating records:	Parent/Guardian Names		
	Medicaid ID # (from Medical Coupon)		
	Other Health Insurance		

Information Released To: (Early Learning Staff complete this section)

Site/Program Name			
Address		City State	Zip Code
Phone Number	Fax Number	E-mail	

Reason for Release of Information:
At the request of the parent/legal guardian for the health, safety, and educational purposes of their child while enrolled in our Early Learning Program.

Information to be Released From:

Sources: *I authorize mutual exchange of information about my child as described below. Information may be provided by: (Check all that apply)*

☐Verbally ☐Scan and Email ☐Mail ☐Fax ☐Hand delivery

Provider: _____

Address: _____

_____

Phone Number: _____ Fax: _____

Records: *I authorize the following records/information to be disclosed:*

☐Medical exam/treatment ☐Medication administration
☐Dental exam/treatment ☐Child health plan
☐Immunization records ☐Other: _____

This permission is valid for:

☐90 days ☐Current school year: _____ or ☐until _____ (date or event)

- *I may revoke or withdraw my permission in writing at any time, but that will not affect information already disclosed.*
- *I understand that these records will be treated as confidential by the Early Learning Program.*
- *A copy of this form is valid to give permission to disclose records.*
- *Information disclosed through this authorization may be shared and is no longer protected by HIPAA.*
- *Authorizing the disclosure of this information is voluntary. I do not need to sign this form to assure treatment or payment.*

Authorization by: (Signature)		Print Name	Date
Relationship to Child	Phone Number	Interpreter Name and Signature (if applicable)	

If I am not the person who is the subject of the records, I am authorized to sign because I am the:

☐Parent of minor ☐Legal guardian ☐Other: _____