

CONSENT FOR RELEASE OF INFORMATION AND REFERRAL

from Child Care Health Consultant and/or Child Care Program
to Other Individuals/Programs/Agencies

I understand that information regarding my child is generally confidential and may *not* be given to employees of other schools, public agencies or individual professionals in private practice without my consent or other legal requirement.

Consent for Release of Information

I, _____, hereby consent to the release of the following information
full name of parent/guardian
initialed and checked below, regarding my child _____ held by
full name of child
_____ to _____.
full name of individual or agency/address full name of Child Care Health Consultant

- ___ Educational/Developmental Records
- ___ Diagnostic Assessments/Evaluations (Occupational/Physical Therapy, Speech and Language Pathology, Psychological, Social-Emotional)
- ___ Developmental/Health Screening(s)(please specify): _____
- ___ Medical ___ Dental ___ Immunization Records
- ___ Other (please specify): _____

Consent for Referral

I also authorize communication and exchange of information between _____
name of individual/agency holding records
and/or _____ and _____
name of Child Care Health Consultant name of agency referral is being made to
to discuss these records/conditions and/or findings. I also authorize release, communication and exchange of information between _____ and _____.
name of Child Care Health Consultant name of child care program
Further, _____ is authorized to share the information gained with his/
name of Child Care Health Consultant
her supervisor(s) and/or child care health consulting staff working directly with her/him. Consent for release of information and authorization of communication shall be for the limited purpose of understanding and addressing my child's needs.

This consent is voluntary and I understand that I can withdraw my consent for my child at any time. Unless I withdraw this consent, this authorization will be effective for the period my child is continuously enrolled in the _____.
name of child care program
By signing below, I am confirming that I have read, understood and agree to the above.

Parent/Guardian Name: _____
print full name

Parent/Guardian Signature: _____ **Date:** _____

NOTE: In accordance with the Health Insurance Portability and Accountability Act (HIPPA) and applicable California laws, all personal and health information is private and must be protected.