**Authorization to Release Protected Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Send Information From: (Request Information From) Send to: (Head Start Program Address)**

 Promise Early Education Center

 269 Bates Street, Lewiston, ME 04258

 Fax# **888-502-1522**

Attn: Norma Larocque

###

 **Please check the records you would prefer:**

|  |  |
| --- | --- |
| * **Most Current Records**
 | * **Dental Records**
 |
| * **Physicals/WCC**
* **Immunizations**
* **Lead/HGB/HCT/Labs**
 | * **Office visits**
* **Medication/Prescriptions/Appliances**
 |
| * **Surgical Services (discharge summary, consults, radiology, Care Plans)**
 | * **Home Health (Plan of care, orders, visit notes)**
 |
| * **Emergency Department**

**(discharge summary, care plan)**  | * **Other (Consent to Speak)**
 |

**Please Circle**

 authorized disclosure of any information relating to the diagnosis and/or treatment of **Mental Health ­­** **\_\_ Do \_\_ Do Not**

 authorized disclosure of information which refers to **HIV, Infection Status and/or Treatment \_\_ Do \_\_ Do Not**

##

##  authorize disclosure of any information relating to Alcohol and/or Drug Abuse \_\_ Do \_\_ Do Not

##

##  Reason records are needed (check all that apply)

###  For Head Start Health Requirements Personal Use Other:

**I understand that:** I do not have to sign this authorization for Promise Early Education Center. I can refuse to disclose some or all information in my record. I can revoke all or part of this authorization at any time. I understand I am entitled to a copy of this authorization at any time.

 **Written statement that I want to revoke my authorization should be delivered to:**

 Promise Early Education Center, 269 Bates St., Lewiston, ME 04254 ATTN:

 This authorization is effective for one (1) year from the date of signing. I authorize future disclosures to the same individual

 and/or entity during this time period pursuant to this authorization.

**Date Signature of Parent/guardian**