**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**