Northwest - Head Start/Early Head Start
312 N. Main Street, P.O. Box 67, Badger, MN 56714
1-800-568-5319/218-528-3227
218-528-3259 (Fax)
Consent for Release/Exchange of Information

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____

Address: _____ City, State, Zip: _____

UNDERSTANDING/PURPOSE OF DISCLOSURE;

I understand that the information to be accessed and/or exchanged regarding my child/family will be treated as private data under the Minnesota Government Data Practices Act. This means that the information will be safeguarded as required by law. Information may be released/accessed/exchanged without my further signed consent unless I should revoke my consent. **(Purpose)** I understand that this information is being shared to meet program performance standards, to plan comprehensive services and coordinate service delivery.

I Authorize:	**To Release to:**
_____	Head Start/Early Head Start
_____	NW Community Action
_____	PO Box 67
_____	312 North Main St
_____	Badger, MN 56714

Information Requested:

☐ Health History	☐ Vision	☐ Developmental Screening Results
☐ Physical Exam	☐ Hearing	☐ Assessment Information
☐ Immunizations	☐ Heights & Weights	☐ IEP/IFSP/IIIP
☐ LAB (Ua/Hct/Hgb)	☐ Blood Lead	☐ Mental Health Screening

☐ Other: _____

1. I understand that treatment, payment, enrollment, or eligibility of benefits by a covered entity may not be conditioned on obtaining the individual authorization.

2. I understand that information disclosed under this authorization may be disclosed again by the person or organization to which it is sent. Re-disclosure of this information will no longer be protected under the HIPAA privacy rule.

3. I understand that my consent includes both past and future records and terminates one year from date of signature unless I choose to revoke it earlier in writing, by notifying the providing organization, except to the extent action has already been taken in reliance on it.

4. I direct that a photocopy, email, or fax copy of this authorization be granted the same authority as the original.

_____ _____

Parent/Guardian Signature Month/Day/Year

_____ _____

Northwest Head Start/Early Head Start Staff Signature Month/Day/Year

(Revised 05/01/2019)